(11/24/2010)

 **STATE OF MINNESOTA**

 **BOARD OF WATER AND SOIL RESOURCES**

 **CONSENT TO CONSERVATION EASEMENT**

WHEREAS,

 is/are the fee owner(s) of the following lands:

**See attached Legal Description of the Conservation Easement Area.**

AND WHEREAS, the undersigned Minnesota Department of Human Services ,

is the holder of a certain medical lien dated , and recorded in Book       of , Page , as document number in the Office of the County Recorder/Registrar of Titles for County, Minnesota, on the day of , , which medical lien covers all or part of the lands described above.

AND WHEREAS, fee owner(s) intend to convey to the State of Minnesota, acting through its Board of Water and Soil Resources, a conservation easement pursuant to Minnesota Statutes Section 103F.501 et seq., or Section 103F.516 et seq. upon all of the lands described above.

NOW, THEREFORE, for valuable consideration, receipt of which is hereby acknowledged, the Minnesota Department of Human Services as medical lien holder, hereby consents to the conveyance of said conservation easement and agrees that the above described medical lien shall be subject to and subordinate in lien priority to the conservation easement to be conveyed to the State of Minnesota by the fee owner(s) and agrees that any judicial proceedings from said medical lien shall be subject to the conservation easement.

IN TESTIMONY THEREOF, the undersigned has caused this instrument to be executed in its name

by , its ,

and , its ,

on this day of , 20 .

By By

Its Its

***ACKNOWLEDGMENT***

STATE OF MINNESOTA )

 )SS

COUNTY OF )

The foregoing instrument was acknowledged before me this day of , 20 ,

by and

(Name of Officer and Title)

by , for

(Name of Officer and Title)

 , a

 (Name of Corporation)

under the laws of , on behalf of the .

(Notary Stamp or Seal)

 Notary Signature

 My Commission expires on

*This instrument was drafted by:*

State of Minnesota

Board of Water and Soil Resources

520 Lafayette Road North

St. Paul, MN 55155