## LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Richard Talbert, ("Medicaid Recipient") is justly indebted to the Alabama Medicaid Agency ("the Agency") to the extent that the Agency has paid medical benefits for Medicaid Recipient under the Alabama Medicaid Program ("the Program"); and

WHEREAS, Medicaid Recipient may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Recipient,

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Recipient to obtain medical benefits under the Program, the Medicaid Recipient, joined by (his) (her) spouse, does hereby GRANT, BARGAIN, SELL, ASSIGN AND CONVEY unto the Agency, its successors and assigns, a lien for the full dollar value of said medical benefits paid and to be paid, on the following described real estate situated in \_\_\_\_Shelly\_\_\_\_\_County, Alabama, to-wit:

A parcel of land situated in the South Half of South Half of SW4, Section 1, Township 21 South, Range 3 West, Shelby County, Alabama, and more particularly described as follows: Begin at the intersection of the North line of the South Half of the South Half of the SW4 of Section 1, Township 21 South, Range 3 West, Shelby County, Alabama, and the Northeasterly right of way line of Old U. S. Highway 31; thence run Easterly along the North line of said South Half of South Half of the SW4 for 557.07 feet to the point of beginning; thence continue along the same course a distance of 50.0 feet to the Northwest corner of Johnny Stewart lot; thence 119 deg. 18 min. right and run Southwesterly along said Stewart lot a distance of 100 feet to the Southwest corner of said Stewart lot; thence 60 deg. 42 min. right a distance of 50.0 feet; thence 119 deg. 18 min. right and run 100.0 feet to the point of beginning.

Subject to easements and rights of way of record.

I CERTIFY THIS INSTRUMENT WAS FILLE

Subject, however, to all existing liens now on said property.

Notice of this lien will be recorded in said County. The dollar value of this lien as it may exist from time to time, may be obtained by writing to: Legal Office, Alabama Medicaid Agency, 2500 Fairlane Drive, Montgomery, AL 36130. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid Recipient, and shall otherwise be enforceable in accordance with the limitations of 42 U.S.C. §1396a(18) as the same may be amended.

IN WITNESS WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on this the above this the above the state of the s separated since 1978 SPOUSE STATE OF ALABAMA

COUNTY OF Ochlers

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Rukace Zalbert whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and \_\_\_\_\_\_ (her) spouse, whose name is also signed to said instrument, acknowledged before me on this day that being informed of the contents of said instrument (they) (he) (she) executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 30 day of Nonember, 19 37.

(SEAL)

Commission Expires \_

PREPARED BY:

ALABAMA MEDICAID AGENCY ELICIBILITY DISTRICT OFFICE

5 BAGBY DRIVE, ROOM 302

35209 BIRMINGHAM, ALABAMA

AlaMed 82-4