

2540 8416

16. 2.

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 Shelby County, Alabama, to-wit:

Lots Seven (7) and Eight (8) in Block 10
according to J. H. Dunstan's map and survey
of Calera, Alabama.
Sec 21 T22S R24W SB 5C X135 SB 261

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STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
1410:01

90 JUN 13 AM 10:01

| | | |
|------------------|----|-------------|
| 1. Deed Tax | \$ | |
| 2. Mtg. Tax | \$ | |
| 3. Recording Fee | \$ | 2.50 |
| 4. Indexing Fee | \$ | 3.00 |
| 5. N. Tax Fee | \$ | 1.20 |
| 6. Certified Fee | \$ | |
| Total | \$ | 6.50 |

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 11th day of Dec., 19 89.

MEDICAID RECIPIENT

SPOUSE

WITNESS: E. P. Edwards
ADDRESS: Box 124
Calumet, Al 3504
TELEPHONE: 205-668-0863

WITNESS: John T. Williams
ADDRESS: Box 124
TELEPHONE: 200-508-0800

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that John Barker whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and _____ (his) (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 11 day of Dec, 1989
(SEAL) *[Signature]*

Shirley Bush Wilson
NOTARY PUBLIC
2500 Buchanan St. Bloomington, IL 61821
ADDRESS
Commission Expires 2-19-91

PREPARED BY:

ALABAMA MEDICAID AGENCY

AlaMed 82-4

2500 Fairlane Drive

Enigmeny Alabama 2010 2201

Rev. 1-85