

9622

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Katie B. and Willie R. Atchison, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("the Agency") to the extent that the Agency has paid medical benefits for Medicaid Claimant under the Alabama Medicaid Program ("the Program"); and

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

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Claimant to obtain medical benefits under the Program, the Medicaid Claimant, 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:

Lot 15, Breckenridge Park, Royal Ridge Sector, as recorded in Map Volume 23, Page 96, in the Office of the Judge of Probate of Shelby County, Alabama.

Inst # 2001-06526

02/26/2001-06526  
11:47 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MMB 11.00

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: Lien Office, Alabama Medicaid Agency, Post Office Box 5624, Montgomery, Alabama 36103-5624. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid Claimant, 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 \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Willie R. Atchison  
MEDICAID CLAIMANT

Katie B. Atchison  
SPOUSE

WITNESS: Cheryl J. Glasscock  
ADDRESS: 516 Sugarberry Dr  
TELEPHONE: 205-664-7649

WITNESS: Guyon Glasscock  
ADDRESS: 516 Sugarberry Dr  
TELEPHONE: 205-664-7649

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that \_\_\_\_\_ whose name as an Alabama Medicaid claimant, 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 10 day of Oct, 2000  
(SEAL)

Ken A. Jones  
NOTARY PUBLIC  
1100 Commerce Dr Pelham, AL  
ADDRESS  
Commission Expires Feb 7, 2003

PREPARED BY: Gail Kizzire, Alabama Medicaid Agency  
P O Box 020706  
Tuscaloosa, Alabama 354020706