

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Arlene Warbington, ("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:

20040129000047980 Pg 1/1 11.00  
Shelby Cnty Judge of Probate, AL  
01/29/2004 11:00:00 FILED/CERTIFIED

Begin at the NE corner of Section 13, Township 21, Range 3w and run West 178.00 feet more or less along section line. Thence run in a Southerly direction along the R.O.W. line of U.S. Highway 65 a distance of 185 feet more or less; Thence run in a Westerly direction 194.00 feet more or less; Thence run in a Northerly direction a distance of 215.00 feet more or less to the point of beginning.

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 23 day of December, 19 2003

Arlene Warbington <sup>by</sup> Bertha L. Day  
MEDICAID CLAIMANT

\_\_\_\_\_  
SPOUSE

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF Shelby

Bertha L. Day POA For

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Arlene Warbington 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 23 day of December, 19 2003  
(SEAL)

Maugh Jones  
NOTARY PUBLIC  
831 12th St. N. Alabama AL 35007  
ADDRESS

PREPARED BY: Bonnie G. Jones  
Alabama Medicaid Agency  
P.O. Box 020706  
Tuscaloosa, AL 35402-0706

Commission Expires \_\_\_\_\_  
**MY COMMISSION EXPIRES**  
**OCTOBER 28, 2004**