

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, KELLY H. GRAY AKA KELLEY H. GRAY, ("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 20, according to the map and survey of Indian Hills - First Sector, as recorded in Map Book 4, page 81, in the Probate Office of Shelby County, Alabama. Mineral and mining rights excepted. Situated in Shelby County, Alabama.

Subject to existing easements, restrictions, set-back lines, rights of way, limitations, if any, of record, (see attached Exhibit A)

THE GRANTOR, FRANK LEWIS HARRELL IS A SINGLE INDIVIDUAL. Kelly H. Gray is one and the same as Kelley H. Gray. And as further consideration, the herein grantees expressly assume and promise to pay that certain mortgage to Benchmark Mortgage Corporation, as recorded in Real Volume 120, Page 736, in the Probate Office of Shelby County, Alabama, according to the terms and conditions of said mortgage and the indebtedness thereby secured.

The property conveyed herein has never constituted the homestead of the grantor, Madeline Ann Harrell.



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Shelby Cnty Judge of Probate, AL
06/16/2011 10:30:16 AM FILED/CERT

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. §1396(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 20th day of April, 2011.

Kelly H. Gray by
MEDICAID CLAIMANT
Venetta M. Patridge, Cons.
SPOUSE

WITNESS: Holly Crum
ADDRESS: 3008 Pump House Rd
Birmingham AL 35243
TELEPHONE: 205 967 1010

WITNESS: Cathy D. Mills
ADDRESS: 3008 Pump House Rd
Birmingham AL 35243
TELEPHONE: 205 967-1010

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Venetta Patridge whose name as an Alabama Medicaid Claimant, a (single) (~~married~~) person, is signed to the foregoing instrument, and Kelly H. Gray (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 20th day of April, 2011.

Charlatte Hunt
NOTARY PUBLIC
3008 Pump House Rd Bham AL 35243
ADDRESS

Commission Expires APRIL 19, 2014

T Lewis
PREPARED BY: Alabama Medicaid Agency
468 Palisades Blvd
Birmingham, AL 35209