

STATE OF ALABAMA  
COUNTY OF Shelby

17270



20111207000369570 1/1 \$12.00  
Shelby Cnty Judge of Probate, AL  
12/07/2011 12:57:26 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Julia A Finch, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("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:

From the NE corner of the SW $\frac{1}{4}$  of the NE $\frac{1}{4}$  of Section 23, Township 19 South Range 2 West run west along the north boundary line of the said SW $\frac{1}{4}$  of NE $\frac{1}{4}$  561.74 feet to a point; thence turn an angle of 135 deg. 15 min. to the left and run southeasterly 738.02 feet more or less, to point on north right of way line of Cahaba Valley Road; thence turn an angle of 91 deg. 28 min. to the right and run southwesterly along said right of way 797.78 feet; thence turn an angle of 01 deg. 49 min. to right and continue along north right of way line of said road 100 feet; thence turn an angle of 06 deg. 34 min. to right and continue along said right of way line 100.0 feet; thence turn an angle of 07 deg. 04 min. to right and continue along said right of way line 100.0 feet; thence turn an angle of 06 deg. 25 min. to right and continue along said right of way line 66.43 feet to the point of beginning of the lot herein conveyed; thence continue on the same angle along said right of way line 33.57 feet; thence turn an angle of 06 deg. 23 min. right and along said right of way 100.0 feet; thence turn an angle of 06 deg. 34 min. right and continue along R.O.W. line 100.0 feet; thence turn an angle of 05 deg. 49 min. to right and continue along said R.O.W. line 154.50 feet; thence turn an angle of 91 deg. 07 min. to the right and run northerly along a fence line 1713.72 feet, more or less, to a point in the center of Valley Creek; thence turn an angle of 37 deg. 29 min. to the right and run northeasterly up Valley Creek, including the meanderings of said Creek 73.9 feet; thence turn an angle of 131 deg. 25 min to the right and run southeasterly 1755.41 feet, more or less to the north R.O.W. line of said road, being the point of beginning. Containing 8.736 acres, and being designated as Parcel 1 on a plat showing the division of a part of the Allan Estate made by Alton Young in June, 1960, the same being recorded in the Probate Office of Shelby County, Alabama.

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. s1396a(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 21st day of September, 2011.

Julia A. Finch by John E. Finch for  
MEDICAID CLAIMANT Julia A. Finch by John E. Finch, Conservator

SPOUSE

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

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

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

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

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

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

STATE OF ALABAMA  
COUNTY OF Shelby

by and through her  
Conservator, John E. Finch,

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Julia A. Finch 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 21st day of September, 2011  
(SEAL)

Alan Zeigler  
NOTARY PUBLIC

1 Perimeter Park South Birmingham, AL  
ADDRESS BLOISE ALAN ZEIGLER 35243

Commission Expires Notary Public, State of Alabama

**Alabama State At Large**  
**My Commission Expires**

**May 07, 2012**  
Alabama Medicaid Agency

PREPARED BY

T EIDERS  
Auburn-Opelika District Office  
1716 Catherine Ct. - Suite 1A  
Auburn, AL 36830-9938

Form 220