

19751

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Joe Winslett, ("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:

Commence at the Southeast corner of the Northwest 1/4 of Section 31, Township 19 South, Range 2 West, Shelby County, Alabama; thence run in a Westerly direction along the South line of said Northwest 1/4 a distance of 711.77 feet to the POINT OF BEGINNING of the herein described parcel; thence continue in the same direction of the last described course, in a Westerly direction, a distance of 132.00 feet to a point; thence turn an interior angle of 93 degrees 25' 28" and run to the right in a Northerly direction a distance of 105.38 feet to a point on the Southerly boundary of Cahaba Valley Park North as recorded in Map Book 13, Pages 140a and 140b; thence turn an interior angle of 86 degrees 30' 35" and run to the right in an Easterly direction along the South line of said subdivision a distance of 133.58 feet to a point; thence turn an interior angle of 92 degrees 38' 17" and run to the right in a Southerly direction a distance of 105.16 feet 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. 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 20th day of February, 2015.



20150422000129850 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/22/2015 10:09:39 AM FILED/CERT

Joe Winslett (POA for Joe Winslett)
MEDICAID CLAIMANT

Deceased

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Talladega

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Joe Winslett whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and N/A (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 February, 2015.
(SEAL)

Erin W. Smith
NOTARY PUBLIC

215 North St. W. Talladega AL 35160
ADDRESS

Commission Expires 2-6-16

Aiesha Morgan
PREPARED BY: Alabama Medicaid Agency
Opelika District Office
2015 Gateway Drive, Suite 103
Opelika, AL 36801