

20154

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, **Edna Fleming**, ("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:

Begin at the Southeast corner of the Northeast Quarter of the Northwest Quarter, Section Eleven, Township Nineteen, Range Two East for the point of beginning; thence run North along the East boundary line of said NE 1/4 of the NW 1/4, Section 11, Township 19, Range 2 East a distance of 522 feet to the South Marginal line of the Glover's Ferry Road; thence in a Northwesterly direction along the South Marginal line of the said Road a distance of 224 feet to the East R/W line of Alabama State Highway #25; thence in a Southwesterly direction along the said East R/W line of said Alabama State Highway # 25 a distance of 644 feet to the South line of said NE 1/4 of the NW 1/4, Section 22, Township 19, Range 2 East; thence East along the South line of said NE 1/4 of the NW 1/4, Section 11, Township 19, Range 2 East a distance of 450 feet tot he 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 8TH day of SEPTEMBER, 2015.



20151026000371710 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/26/2015 11:41:57 AM FILED/CERT

EDNA FLEMING, BY L. L. G, POA
MEDICAID CLAIMANT

SPOUSE

WITNESS: Edna G. Greene

ADDRESS: PO Box 241 Vincent, AL 35178

TELEPHONE: 205 672-2437

WITNESS: Kerry Bonney

ADDRESS: 882 Hwy 81 Vincent AL

TELEPHONE: 205-369-8372

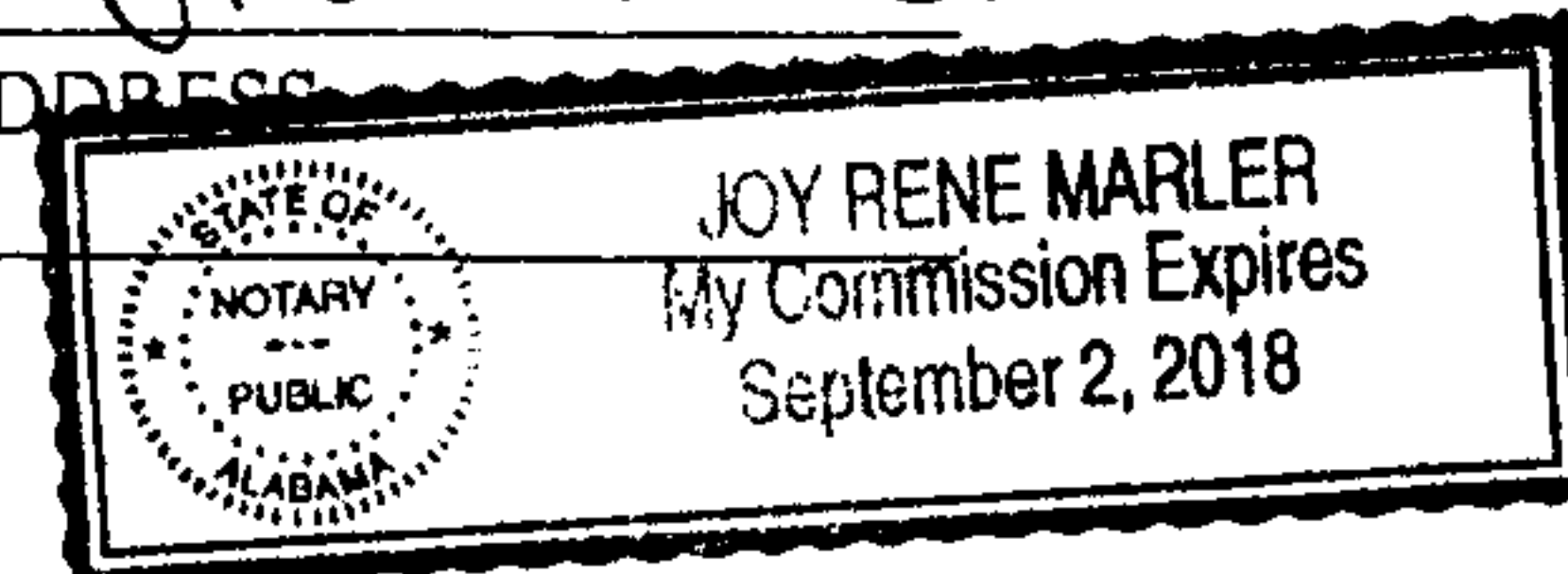
STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Judith Fleming whose name as an Alabama Medicaid Claimant, a (single) (married) person, is signed to the foregoing instrument, and Edna Fleming (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 8th day of September, 2015
(SEAL)

Joy Rene Marler
NOTARY PUBLIC
25 Flaming St. Vincent AL 35178
ADDRESS

Commission Expires



Carolyn Jones
PREPARED BY: **Alabama Medicaid Agency**
106 Executive Park Lane
Selma, AL 36701