

438

STATE OF ALABAMA
COUNTY OF Jefferson 329
LIEN FOR MEDICAL PAYMENTS UNDER
ALABAMA MEDICAID PROGRAM

WHEREAS, Beulah Lollar, ("Medicaid Recipient") is justly indebted to the Alabama Medicaid Agency ("the Agency") to the extent that the Agency has paid medical benefits for Medicaid Recipient under the Alabama Medicaid Program ("the Program"); and

WHEREAS, Medicaid Recipient may hereafter become indebted to the Agency to the extent that the Agency pays future medical benefits for Medicaid Recipient,

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Recipient to obtain medical benefits under the Program, the Medicaid Recipient, 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:

Lots 8 and 9, Block C, Pickett Survey of
Helena, Shelby County, Alabama (being ap-
proximately 50 feet by 150 feet in area).

Subject, however, to all existing liens now on said property.

Notice of this lien will be recorded in said County and the dollar value of this lien as it may exist from time to time, may be obtained by writing to: Commissioner, Alabama Medicaid Agency, 2500 Fairlane Drive, Montgomery, AL 36130. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid Recipient, and shall otherwise be enforceable in accordance with the limitations of 42 USCA §1396a(18) as the same may be amended.

IN WITNESS WHEREOF, the undersigned (has)(have) duly executed this instrument to voluntarily grant the aforesaid lien on this the 9th day of July, 1983.

No living spouse
Spouse

Witness: [Signature]

[Signature]
Medicaid Recipient

James Butler, as Guardian of Beulah Lollar
in the Probate Court of Jefferson County,
Case No. 22367.

STATE OF ALABAMA
COUNTY OF JEFFERSON

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Jame Butler*, whose name as an Alabama Medicaid recipient, a (single)(married) person, is signed to the foregoing instrument, and no living ~~(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 Nineth day of July, 1983

(SEAL)

1983 SEP -9 AM 9:46

[Signature]
Notary Public

Prepared by: [Signature]

AlaMed 82-4

*Signing as Guardian for Beulah Lollar in the Probate Court for Jefferson County, Alabama Case No. 22367.

800 T 812