

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Bessie Epperson, ("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 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:

A lot known as the Roper lot lying in the NW 1/4 of SW 1/4, Section 23, Township 21 South, Range 1 West and described as follows: To find the point of beginning from the Southwest corner of said NW 1/4 of SW 1/4 run East along South line of said forty a distance of 13.82 chains to a railroad iron corner on the South side of the Columbiana to Joinertown Road which is the point of beginning; thence continuing along south line of said forty 3.16 chains to a railroad iron corner; thence Northerlyparallel to the West line of said forty 6.32 chains to a railroad iron corner; thence Westerly parallel to South line of said forty a distance of 3.16 chains to a railroad iron corner; thence Southerly parallel to West line of said forty a distance of 6.32 chains to point of beginning, being 2 acres, more or less.

Except any existing rights of ways or easements.

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STATE OF ALA. SHELBY CO.  
I CERTIFY THIS  
INSTRUMENT WAS FILED

1987 APR -2 AM 8:56

Thomas A. Shumaker, Jr.  
JUDGE OF PROBATE

RECORDING FEES

Recording Fee \$ 2.50

Index Fee 1.00

TOTAL \$ 3.50

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: Legal Office, 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 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 23 day of October, 1986.

Bessie Epperson  
MEDICAID RECIPIENT

C. E. Epperson (deceased)  
SPOUSE

WITNESS: Laura Hope

ADDRESS: Rt 1 Shelby Ala

TELEPHONE: 669-7286

WITNESS: James Horton

ADDRESS: Wilsonville, Ala.

TELEPHONE: 669-6014

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Bessie Epperson whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and C. E. Epperson (deceased) (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 23 day of October, 1986.



Sue S. Hope  
NOTARY PUBLIC

P.O. Box 1486 Columbiana, Ala.  
ADDRESS

Commission Expires July 16, 1987

PREPARED BY: Sue N. Thompson

ALABAMA MEDICAID AGENCY  
ELIGIBILITY DISTRICT OFFICE

AlaMed 82-4

85 BAGBY DRIVE, ROOM 302  
BIRMINGHAM, ALABAMA 35209

Ala. Med. Agency  
2500 Fairlane Dr.  
Montgomery, Ala. 36130