

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Odessa Tucker, ("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:

Section 1 Twp 21 Sth Range 3 west 1
Dim 105 X 230 IRR

BOOK 122 PAGE 835

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

1987 APR -2 AM 8:56

Thomas A. Lumb
JUDGE OF PROBATE

RECORDING FEES

Recording Fee	\$ <u>2.50</u>
Index Fee	<u>1.00</u>
TOTAL	\$ <u>3.50</u>

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 4 day of Nov, 19 86.

(Her mark) Odessa Tucker
MEDICAID RECIPIENT

SPOUSE

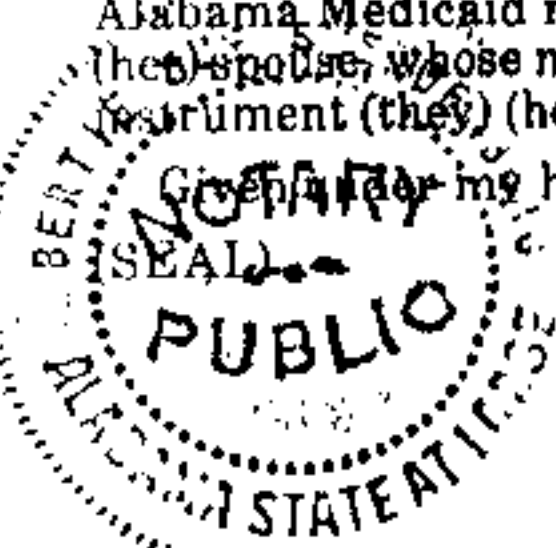
WITNESS: Brenda Lumb
ADDRESS: 820 Half Course Rd
TELEPHONE: 425-5241

WITNESS: Deborah Lumb
ADDRESS: 820 Half Course Rd
TELEPHONE: 425-5241

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Odessa Tucker whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and Thomas A. Lumb (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 4 day of November 19 86.



Bertie Sue Lumb
NOTARY PUBLIC
820 Half Course Rd Birm. Ala
ADDRESS
3503
Commission Expires February 1, 1988

PREPARED BY: Anna L. Coats
ALABAMA MEDICAID AGENCY
ELIGIBILITY DISTRICT OFFICE