

STATE OF ALABAMA
COUNTY OF

468

1524

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Lucy Holsombeck, ("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:

Surface rights only in and to the property mor particularly described as beginning at a point 512.2 feet North and 565.9 feet west of the center of Section 5, Township 22 South, Range 3 west: thence run South 32 degrees 10 minutes west 143.2 feet, thence North 57 degrees 50 minutes west 86.1 feet, thence North 17 degrees 04 minutes East 115.3 feet, thence South 89 degrees 50 minutes East 60.2 feet, thence South 57 degrees East 65 degrees to point of beginning, containing one third of an acre, more or less, together with all improvements located thereon.

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

1987 SEP -4 PH 1: 14

Thomas A. Swindle, Jr.
JUDGE OF PROBATE

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 July, 1987

Lucy Holsombeck
MEDICAID RECIPIENT

Brenda Swindle
SPOUSE

WITNESS:

ADDRESS:

TELEPHONE:

STATE OF ALABAMA
COUNTY OF

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Lucy Holsombeck whose name as a Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and Brenda Swindle (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 24 day of July, 1987.
(SEAL)

WITNESS:

ADDRESS:

TELEPHONE:

RECORDING FEES

Recording Fee \$2.50

Index Fee 1.00

TOTAL \$3.50

Bertie Lee Swindle
NOTARY PUBLIC

820 1/2 1st Ave. N. Bessemer
ADDRESS

Commission Expires

February 1, 1991

PREPARED BY:

A. C. Oats
ALABAMA MEDICAID AGENCY