

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Ethel C. Lantry, ("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 Jefferson County, Alabama, to-wit:

BEG NE INT CO RDS 22 & 221 TH S ALG N R/W CO RD 22 700' (S) TO POB TH E 238' (S)  
TH SW 210' (S) TH NW 158' PARTLY ALG N R/W TO POB SEC5 T22S R3W SD 158' x 238'  
(IRR) BEAT 19.

BOOK 187 PAGE 892

STATE OF ALA. SHERIFF  
I CERTIFY THIS  
INSTRUMENT WAS FILED

88 JUN -6 AM 8:49

Thomas A. Shoultz, 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 25<sup>th</sup> day of FEBRUARY, 1988.

Ethel Lantry's mark

by Ethel C. Lantry

MEDICAID RECIPIENT

Mark Deceased  
SPOUSE

WITNESS: Lydia Lantry

ADDRESS: Rt. 6, Box 451 Wakefield, AL

TELEPHONE: 486-5103

WITNESS: Sammy Joseph White

ADDRESS: Rt. 3 Box 714 Double Springs, AL

TELEPHONE: 489-2136

STATE OF ALABAMA  
COUNTY OF WINSTON

I, the undersigned, a Notary Public in and for said State and County, hereby certify that ETHEL L. LANTY whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and Mark Deceased (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 25<sup>th</sup> day of FEBRUARY, 1988.

(SEAL)

Alabama Medicaid Agency  
Montgomery

PREPARED BY: Eddie Egan

ALABAMA MEDICAID AGENCY  
FEDERAL STREET OFFICE

ALABAMA MEDICAID AGENCY  
FEDERAL STREET OFFICE

Rita Taylor  
NOTARY PUBLIC  
Double Springs, AL  
ADDRESS  
Commission Expires MY COMMISSION EXPIRES DECEMBER 15, 1990