

1748

2094

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Suddie Phillips, ("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:

Lot No. 4. Block 3, Nabors Add to Wilton. Ala. Starting at Douglas Paterson lot runing thense 75 feet to Will Small lot. Thense Nort west thense Runing 150 feet north east Thense runing 75 feet sout east Thense runing South west 150 feet to point of beginning.

"END OF DESCRIPTION"

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STATE OF ALA. SHELBY
I CERTIFY THIS
INSTRUMENT WAS FILED

88 JUN 27 AM 9:41

Thomas A. Shivers
JUDGE OF PROBATE

1. Deed Tax _____
2. Mtg Tax _____
3. Recording Fee 2.50
4. Indexing 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 21st day of April, 1988.

Suddie Phillips
MEDICAID RECIPIENT

SPOUSE

WITNESS: Lloyd Hopkins
ADDRESS: Rt. 1, Box 74-A, Marion, AL 36756
TELEPHONE: 683-6613

WITNESS: Cathy Swanson
ADDRESS: 500 Shivers Terrace, Marion, AL
TELEPHONE: 683-6141

STATE OF ALABAMA
COUNTY OF Perry

I, the undersigned, a Notary Public in and for said State and County, hereby certify that _____ whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and _____ (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 21st day of April, 1988.
(SEAL)

Liselotte K. Clinton
NOTARY PUBLIC
Marion, Ala
ADDRESS
Commission Expires 8-24-91

PREPARED BY: Debra Leslie, Alabama Medicaid Representative
Alabama Medicaid Agency
503 S. Court St., Ground Floor