

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, J.C. HALL, ("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 certain lot in the North half of the Southeast Quarter of the Southwest Quarter of Section 36, Township 20, Range 3 West, more particular described as follows: Beginning on the North side of the Harpersville Road for the point of beginning, thence run in a Northwesterly direction 210 feet to a point, thence run in a Northeasterly direction 105 feet to a point, thence run in a Southeasterly direction 210 feet to a point on the North side of the Harpersville Road, thence run in a Southwesterly direction along the said Harpersville Road a distance of 105 to the point of beginning.

It is the intention of the Grantor to convey all the property formerly owned by Lucille Hollis, deceased, whether said property is properly described or not.

Grantor J.C. Hall constitutes the sole heirs at law and next of kin of Lucille Hollis, deceased.

STATE OF ALA. SHELBY
I CERTIFY THIS
INSTRUMENT WAS FILED

89 FEB 23 AM 10:16

Thomas C. Shouder, 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 15 day of Sept, 19 88.

J.C. Hall
MEDICAID RECIPIENT

SPOUSE

WITNESS: Louella Chappell
ADDRESS: 100 West View Dr; Birmingham
TELEPHONE: (205) 956-5761

WITNESS: Valerie H. Glasco
ADDRESS: _____
TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that J.C. Hall 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 15 day of September, 19 88.
(SEAL)

Mary Jo Rustis
NOTARY PUBLIC
4809 Que N Blau, Ala
ADDRESS
Commission Expires 2/89

PREPARED BY: Dennis L. Lee
Medicaid Representative