

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Marshall Wells, ("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:

Beginning at the South West corner of North East 1/4 of N.E. 1/2 of Section 18, Tp. 18, Range 2, East, going North 420 ft. thence, East 237 ft., thence, North 105 ft to starting point, thence, East, 883 ft., thence North 105 ft, thence , West 883 ft., thence South, 105 ft to starting point.

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STATE OF ALA. SHELBY CO.  
I CERTIFY THIS  
INSTRUMENT WAS FILED  
89 OCT 31 AM 11:58

Thomas A. Snowden, Jr.  
JUDGE OF PROBATE

42 ✓  
1. Deed Tax ----- \$  
2. Mtg. Tax ----- \$  
3. Recording Fee ----- \$ 2.50  
4. Indexing Fee ----- \$ 3.00  
5. No Tax Fee ----- \$  
6. Certified Stamp Fee -- \$ 1.00  
Total ----- \$ 6.50

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 23 day of June, 19 89.

Marshall E Wells

MEDICAID RECIPIENT

Bonnie Rayburn Daughter

SPOUSE

WITNESS Delora Martin

ADDRESS: 4625 Ave T. Bham. Ala.

TELEPHONE: 923-0552

WITNESS: Harold Westbrook

ADDRESS: 1626 James Street Dozonite

TELEPHONE: 744-9667

STATE OF ALABAMA  
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Marshall E Wells whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and Bonnie Rayburn (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 23 day of June, 19 89.  
(SEAL)

John B. [Signature]  
NOTARY PUBLIC  
716-6044 St. Michael's Rd. 35064  
ADDRESS  
Commission Expires 6/6/93

PREPARED BY: Michelle N. Urban  
Birmingham D.O.

Alabama Medicaid Agency  
2500 Fairlane Drive  
Montgomery, Alabama 36130