

STATE OF ALABAMA  
COUNTY OF

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Lena V. Goggins, ("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 on the north side of the Montevallo and Beathen public road at the southwest corner of the property formerly known as the M.S. Jones property and running in a northward direction one hundred fifty (150) point to a point of beginning thence eastward one hundred and five (105) feet, thence northward one hundred five (105) feet, thence westward one hundred five (105) to point of beginning, containing one half acre more or less and lying on that portion of the west half on the northwest quarter of the northwest quarter of section Three (3), Township Twenty-two (22), Range Four West (4) Situated in Shelby County, Alabama.

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

90 AUG -8 AM 10:08

JUDGE OF PROBATE

1	2.50
2	3.00
3	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 17 day of MAY, 19 90.

Lena Goggins  
MEDICAID RECIPIENT  
DECEASED  
SPOUSE

WITNESS: Hankel W. Hanks  
ADDRESS: Rt 4 Box 181  
TELEPHONE: MONTGOMERY 1714-

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Lena Goggins 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 18th day of May, 19 90.  
(SEAL)

James L. Hanks  
NOTARY PUBLIC  
53 So. Main St  
Montevallo ADDRESS  
Commission Expires 11-8-92

PREPARED BY: Dorah Meadows  
ALABAMA MEDICAID AGENCY  
ELIGIBILITY DISTRICT OFFICE  
85 BAGBY DRIVE, ROOM 302  
BIRMINGHAM ALABAMA