

STATE OF ALABAMA
COUNTY OF

2590

6/16

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Estelle C. Hand, ("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:

All of the Grantors undivided interest in a parcel of land situated in the Northwest quarter (NW $\frac{1}{4}$) of the Southeast quarter (SE $\frac{1}{4}$) of Section Thirty-two (32), Township Twenty-one (21), Range One (1) West, containing seven and one-half (7 $\frac{1}{2}$) acres, more or less, as follows: From the Southwest (SW) corner of the Northwest quarter (NW $\frac{1}{4}$) of the Southeast quarter (SE $\frac{1}{4}$) of Section Thirty-two (32), Township Twenty-one (21), Range One (1) West, run North on and along the West boundary line of said Quarter-Quarter Section a distance of 247.5 feet to the point of beginning. From the point of beginning thus established, run North on and along the West boundary line of said Quarter-Quarter Section a distance of 247.5 feet to a point, thence Easterly and parallel to the South boundary line of said Quarter-Quarter Section a distance of 1,320 feet, more or less, and to the East boundary line of said Quarter-Quarter Section, thence Southerly on and along the East boundary line of said Quarter-Quarter Section a distance of 247.5 feet to a point, thence Westerly and parallel to the South boundary line of said Quarter-Quarter Section a distance of 1,320 feet, more or less and to the point of beginning.

1. Debt Tax	8
2. Misc. Charge	2
3. 1st	3.50
4. 2nd	3.00
5. 3rd	
6. 4th	1.00
Total	6.80

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 18th day of January, 1990.

MEDICAID RECIPIENT

STATE OF ALA. SHELBY CO.

I CERTIFY THIS
INSTRUMENT WAS FILED

WITNESS: Sylvia Martin 90 AUG -8 AM 10:08

ADDRESS: Big Spruce MHP

TELEPHONE: 663-7217

WITNESS: Kathy Edwards

ADDRESS: 317 Hillwood Lane Alabaster, AL 35007

TELEPHONE: 663-9245

JUDGE OF PROBATE

STATE OF ALABAMA
COUNTY OF

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 18th day of January, 1990.
(SEAL)

ALABAMA MEDICAID AGENCY

ELIGIBILITY DISTRICT OFFICE

85 BAGBY DRIVE ROOM 302

BIRMINGHAM, ALABAMA 35209

Commission Expires

NOTARY PUBLIC

ADDRESS

PREPARED BY:

A. Coats

Rebecca McCormick
PO Box 1382 Alabaster, AL