

3085  
LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Lillie Vinson, ("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 208 yards east of S. W. corner of SW  $\frac{1}{4}$  of N.W.  $\frac{1}{4}$  Sec. 1, Tp. 21, R 3 west. Thence running east 220 yards, thence north 440 yards, thence west 523 yds. thence SE 440 yards to point of beginning. All in S $\frac{1}{2}$  of NW $\frac{1}{4}$  Sec. 1, Tp. 21 Range 3 west, containing 34 acres except 2 acres for church and public service.

BOOK 358 PAGE 509

STATE OF ALABAMA  
I CERTIFY THIS  
INSTRUMENT WAS FILED

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JUDGE OF PROBATE

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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 20th day of February, 19 91.

Lillie Vinson  
MEDICAID RECIPIENT

SPOUSE

WITNESS: Melvin Marble, LCSW  
ADDRESS: 325 - Selma Rd, Selma, AL 35022  
TELEPHONE: 428-9383

WITNESS: James D. Baster  
ADDRESS: P.O. Box 723 - AIA BASTER, AL  
TELEPHONE: 663-6315

STATE OF ALABAMA  
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Lillie Vinson whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and her (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 20th day of February, 19 91.  
(SEAL)

Derry B. Houston  
NOTARY PUBLIC  
ADDRESS: 438 Murphy Lane, Bessemer, AL  
Commission Expires 6/92

PREPARED BY: A. Coats  
ALABAMA MEDICAID AGENCY  
ELIGIBILITY DISTRICT OFFICE