

STATE OF ALABAMA  
COUNTY OF SHELBY

4030

## LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Joseph Cunningham, ("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 southeast corner of the southwest quarter of the southwest quarter of Section 35, Township 20, range 3 west continuing north to point of beginning 332 ft. thence north 70 yards, then west 105 yards thence south 70 yards, thence east 105 yards to point of beginning, containing 1 and 1/2 acres more or less.

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

91 OCT 10 AM 11:04

Thomas A. Scoville, Jr.  
JUDGE OF PROBATE

1. Deed tax	\$	
2. Mtg. Tax	\$	2.50
3. Recording Fee	\$	3.00
4. Indexing Fee	\$	
5. No Tax Fee	\$	1.00
6. Certified Fee	\$	
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 9 day of August, 19 91.

Joseph Cunningham  
MEDICAID RECIPIENT  
N/A  
SPOUSE

WITNESS:

ADDRESS:

TELEPHONE:

WITNESS:

ADDRESS:

TELEPHONE:

STATE OF ALABAMA  
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Joseph Cunningham whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and his (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 9 day of August, 19 91.  
(SEAL)

Geray D. Hamilton  
NOTARY PUBLIC  
438 Murphy Ln Bess  
ADDRESS

Commission Expires 6/92

PREPARED BY:

Jan Smith  
ALABAMA MEDICAID AGENCY  
ELIGIBILITY DISTRICT OFFICE  
85 BAGBY DRIVE, ROOM