

STATE OF ALABAMA
COUNTY OF SHELBY

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Josephine Whately ("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:

Lots No. 49 and 50 in the Montevallo Coal and Transportation Company Subdivision of the West one-half of the Southeast quarter, Section 19, Township 22 South, Range 3 West, and East one-half of fractional section 30, Township 22 South, Range 3 West, known as the Town of Aldrich, as shown on the Plat filed in the Office of the Judge of Probate of Shelby County, Alabama, except that part of Lot No. 50 conveyed to Oscar and Eula Fancher by deed dated April 15, 1949 and recorded in Deed Book 143 at page 7 in the Probate Office of Shelby County, Alabama.

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 11th day of Jan, 1992.

Josephine Whately
Stewart C. Nichols - PO
MEDICAID RECIPIENT

Quinn
SPOUSE

1. Deed Tax	\$
2. Adm. Tax	\$
3. Recording Fee	\$7.50
4. Notary Fee	\$3.00
5. Title Fee	\$1.00
6. Certified Fee	\$1.00
Total	\$16.50

WITNESS: Rebecca Puckett

WITNESS: Joanne B. Vaughan

ADDRESS: Industrial Drive, Marion, AL 36756

ADDRESS: 121 Murfee St, Marion, AL 36756

TELEPHONE: 683-8777

TELEPHONE: (205) 683-8164

STATE OF ALABAMA
COUNTY OF Berry

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Stewart C. Nichols whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and Quinn (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 10 day of January, 1992.

(SEAL)

NOTARY PUBLIC
I CERTIFY THIS
INSTRUMENT WAS FILED

Myra Jean Hopkins
NOTARY PUBLIC
Rt. 1, Box 2828, Marion, AL 36756
ADDRESS

Commission Expires 12-1-93

02 MAR 13 AM 8:16

PREPARED BY: Beverly Roboski

Alabama Medicaid Agency

P O Box 020706

Tuscaloosa, Alabama 35402 0706