

5777

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, CILE ROBERSON, ("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:

Lot 2, Block 1, of Columbiana Homes, Inc. Subdivision, as recorded
in Map Book 3, page 82 in the office of the Judge of Probate of Shelby
County, Alabama.

Inst # 1993-27572

09/09/1993-27572
04:04 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 HJS 8.50

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 23 day of June, 19 93.

MEDICAID RECIPIENT

SPOUSE

WITNESS: Clarice Conway
ADDRESS: 100 Co. Rd. Jemison, Al.
TELEPHONE: 688-2615

WITNESS: J.W. Conway
ADDRESS: same
TELEPHONE: same

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Cile Roberson 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 23 day of June, 19 93.
(SEAL)

Diane L. Carter
NOTARY PUBLIC
21 Houston Dr. Alabaster Al.
ADDRESS
Commission Expires 12-24-94

PREPARED BY: VICKIE FOSTER-MEDICAID AGENCY
PO BOX 020706
TUSCALOOSA ALABAMA 35402