

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, ELLA FARLEY <sup>(Louis)</sup>, ("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:

Tract #2 (2) of five acres, more or less in the NE 1/4 of Section 31, Township 18, Range 1-West in Shelby County, Alabama. (Minerals and Mining rights excepted).

The purchaser agrees to build all houses at least 100 feet from road.

Inst # 1994-03332

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02/01/1994-03332  
10:20 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
801 NCB 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 8 day of October, 19 93.

E. Louise Farley  
MEDICAID RECIPIENT  
John Hancock (DUB. POA)  
SPOUSE

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that E. Louise Farley whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and John Hancock (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 8th day of October, 19 93.  
(SEAL)

Anna L. Underwood  
NOTARY PUBLIC  
Al Medicaid Agency 85 Bagby Drive  
ADDRESS Bham, Al 35209  
Commission Expires Sept. 30, 1995

ALABAMA MEDICAID AGENCY  
ELIGIBILITY DISTRICT OFFICE  
PREPARED BY: 85 BAGBY DRIVE, ROOM 302  
BIRMINGHAM, ALABAMA 35209