

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Annie Lee Kelley, ("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:

An undivided one-third interest in the following described real estate:

Begin at the Northeast corner of the A. C. Galloway land and run North along the north side of the Dogwood road 445 feet to point of beginning, Thence continue North along the west side of the said road 100 feet, thence west 162 feet, thence South 100 feet, thence East 162 feet, to point of beginning, said lot located in the SE1/4 of SE1/4, Section 18, Township 22 Range 3 West.

Inst # 1995-04225

02/16/1995-04225
10:04 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 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 13th day of Dec, 19 94.

ANNIE L. KELLY
MEDICAID RECIPIENT

N/A
SPOUSE

WITNESS: Leticia L. Stamps
ADDRESS: 249 Campbell St.
Montgomery AL 35078
TELEPHONE: (205) 672-9549

WITNESS: Will Brantley
X Allen S. Spear
ADDRESS: P.O. Box 119 Montevalle AL 35115
TELEPHONE: 1-205-665-5876

STATE OF ALABAMA
COUNTY OF SHELBY

I, the undersigned, a Notary Public in and for said State and County, hereby certify that WILL BRANTLEY whose name as an Alabama Medicaid recipient, a (single) (married) person; is signed to the foregoing instrument, and N/A (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, as Conservator.

Given under my hand and official seal this the 13th day of Dec, 19 94.
(SEAL)

D. A. Spear
NOTARY PUBLIC
PO BOX 119 Montevalle AL 35115
ADDRESS
Commission Expires 9/97

PREPARED BY: Vickie L. Foster, Alabama Medicaid Agency
P O Box 020706
Tuscaloosa, Alabama 354020706