

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Safa C. and Howard M. Winslett ("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:

Commence at the Northeast corner of NE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 31, Township 19, South, Range 2 West and run West along the North line of said 40 acres 359.70 feet; thence South 40 degrees 14 minutes West 242.35 feet to the point of beginning of the lot herein conveyed; thence continue in the same direction 300 feet to the Northerly line of Cutoff Road, thence along same North 53 degrees 01 minutes West 125 feet; thence North 44 degrees 59 minutes East 300.95 feet; thence South 54 degrees 03 minutes East 100 feet to the point of beginning.

This is the same real estate described and conveyed in that certain warranty deed dated November 28, 1958 from Annie M. Winslett and Claude Winslett to Howard M. Winslett, which deed is recorded in the Office of Judge of Probate, Shelby County, Alabama, Volume 197 Record of Deeds, Page 304 on December 4, 1958.

1995-25620
09/14/1995-25620
11:17 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 22 day of June, 19 95.

[Signature] MEDICAID RECIPIENT
[Signature] for Sara Winslett (Sharon H. Pitts)
SPOUSE

WITNESS: Torri Ray, UPD
ADDRESS: IHS at Briarcliff
TELEPHONE: (205) 663-3859

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 Sara Winslett whose name as an Alabama Medicaid recipient, a (single) married person, is signed to the foregoing instrument, and Howard Winslett Sr. (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 22 day of JUNE, 19 95.
(SEAL)

[Signature]
NOTARY PUBLIC
P.O. Box 1035 Columbus, AL
ADDRESS
Commission Expires 30 July 1997

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