

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Willie B. Benson, ("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:

That certain lot or parcel of land situated in the SW $\frac{1}{4}$ of NE $\frac{1}{4}$ of section 35, township 21, range 1 west, more particularly described as follows: "Begin at the northwest corner of said forty-acre tract, and run south, along its western boundary, 220 yards, thence east, perpendicular to said western boundary 315 feet, to the point of beginning of the parcel herein conveyed; thence run north, parallel with said western boundary, 105 feet; thence, east, perpendicular to said western boundary, 105 feet; thence, south, parallel with said western boundary, 105 feet; thence, west, perpendicular to said western boundary, 105 feet, to the point of beginning of the parcel herein conveyed, and containing one-half acre, more or less".

This deed is for the purpose of replacing the lost deed that was conveyed to grantee by grantor.

Inst # 1995-35623

12/12/1995-35623
12:23 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
DOE HED 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 1st day of November, 19 95.

MEDICAID RECIPIENT

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF _____

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Willie Benson 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 1st day of November, 19 95.

(SEAL)

William R. Ginter
NOTARY PUBLIC
P.O. Box 1144 Columbiana, AL 36501
ADDRESS
Commission Expires 9/12/99

PREPARED BY: ALABAMA MEDICAID AGENCY
P. O. Box 2539
Selma, AL 36702