

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Frances W. Davis, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("the Agency") to the extent that the Agency has paid medical benefits for Medicaid Claimant under the Alabama Medicaid Program ("the Program"); and

WHEREAS, Medicaid Claimant may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Claimant,

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Claimant to obtain medical benefits under the Program, the Medicaid Claimant, 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:

All of the NE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 29, Township 19, Range 1 East except the part lying East of the Pumpkin Swamp Road, containing 1 acre, more or less; also except 8 acres described as beginning at the southwest corner of said forty and run East 199 1/3 yards; thence North 199 1/3 yards; thence west 199 1/3 yards; thence south 199 1/3 yards to point of beginning; also except two acres described in deed to Eska Henderson, as shown by deed recorded in Deed Book 62, Page 326, in the Probate Office of Shelby County, Alabama.

Inst # 1996-18561

06/07/1996-18561
09:58 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
B.50

Subject, however, to all existing liens now on said property. DOI SMA

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: Lien Office, Alabama Medicaid Agency, Post Office Box 5624, Montgomery, Alabama 36103-5624. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid Claimant, 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 9 day of MARCH, 19 96.

Frances W. Davis
MEDICAID CLAIMANT

By: Paul E. Davis - CONSERVATOR/POA
SPOUSE

WITNESS: Sanna D. Pickery
ADDRESS: 780 Cahaba River Estates
TELEPHONE: (205) 987-9760

WITNESS: _____
ADDRESS: _____
TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Paul E. Davis whose name as an Alabama Medicaid claimant, 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 11th day of March, 1996.
(SEAL)

Elaine Hudson
NOTARY PUBLIC
2101 Magnolia Ave. South
ADDRESS
Commission Expires 8-38-96

PREPARED BY: David F. Tankersley, MESI
85 Bagby Drive, Room 302
Birmingham, AL 35209