

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Jesse A. Henson ("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:

Beginning at the Northwest corner of the NW1/4 of SW1/4, Section 10, Township 22, Range 4 West, and run East a distance of 240 feet to point of beginning, thence continue East 200 feet, thence South 220 feet, thence West 200 feet, thence North 220 feet to point of beginning, containing one acre, more or less, mineral rights reserved. Said acre facing the Eddingstown and Pearidge Highway.

04/05/1999-14283
01:06 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 HNS 8.50

Inst # 1999-14283

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: 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 23 day of NOV, 1998.

Jesse A. Henson, P.O.A. for Jesse Henson
MEDICAID CLAIMANT

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 _____ 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 23rd day of November, 1998.
(SEAL)

Lee D. Taylor
NOTARY PUBLIC

Notary Public, State At Large, Alabama
Commission Expires July 6, 2002

Commission Expires _____
Alabama Medicaid Agency

PREPARED BY: _____
ALABAMA MEDICAID AGENCY
1500 EIGHTH AVENUE, ROOM 302
BIRMINGHAM, AL 35202