

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, SIDNEY M. BIRD SR, ("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, ~~REMAIN~~, 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 SW corner of the SE 1/4 of the NE 1/4 of Section 12, Township 24 North, Range 15 East; thence run North along the West line thereof for 419.1 feet; thence 42 degrees 54 minutes right run Northeasterly along the Northwesterly R/W of Fish Camp Drive for 204.38 feet to the point of beginning; thence continue last described course for 265.02 feet to Lay Lake; thence 144 degrees 03 minutes left run along said lake for 55.03 feet; thence 40 degrees 47 minutes 50 seconds left run Southwesterly for 86.51 feet; thence 4 degrees 51 minutes right run Southwesterly for 76.0 feet; thence 23 degrees 13 minutes 30 seconds left run 63.41 feet to the Point of Beginning. Being a part of Block 2 of Glasscock's Spring Creek Subdivision as recorded in Map Book 4, Page 23, in the Probate Office of Shelby County, Alabama.

It is also intended to convey everything which is owned by grantors or either of them or in which they have an interest located in Section 12, Township 24 North, Range 15 East, Shelby County, Alabama, whether correctly described herein or not.

01/26/2000-02619
09:13 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CJH 0.50

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: 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. §1964a(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 20 day of September, 1999.

Sidney M. Bird Sr.
Sidney M. Bird P.O.H.
MEDICAID CLAIMANT

NONE
SPOUSE

WITNESS: M. Bird Jr.
ADDRESS: 301 E. Gully St. Columbiana, AL 35051
TELEPHONE: (205) 669-1559

WITNESS: Connie Pate
ADDRESS: 225 West College St. Columbiana
TELEPHONE: (205) 4061

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Sidney M. Bird Sr. 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 20 day of September, 1999

(SEAL)

Glady Landham
NOTARY PUBLIC
P.O. Box 946 Columbiana AL 35051
ADDRESS
Commission Expires August 12, 2001

PREPARED BY: ANN KEMP - ALABAMA MEDICAID AGENCY
P.O. BOX 020706
TUSCALOOSA AL 35402