

9953

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, BETTY H. HARRIS, ("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:

Commence at the Northwest corner of Section 7, Township 24 North, Range 13 East and run South along the West line of said section 583 ft.; thence turn at an azimuth of 119 deg. and 05 min. and in a Southeasterly direction 143.45 ft. to a point on the East line of County Road No. 19 to the point of beginning of the lot herein described; thence at a azimuth of 174 deg. 18 min. and/run South along the East right-of-way line of said County road 300 ft.; thence run East and parallel with the North line of said Section 7 200 ft.; thence run in a Northwesterly direction and parallel with the East line of said county road to/a point 200 ft. due East from the point of beginning; thence run West 200 ft. to the point of beginning.

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 12th day of June, 192001.

Betty H Harris  
MEDICAID CLAIMANT

SPOUSE

WITNESS: Paul L Harris  
ADDRESS: 1933 Ballant Fox Dr Hkwr AL 35080  
TELEPHONE: 205 663-2234

WITNESS: Debbie J. Snow  
ADDRESS: Buadcliff Nursing Home  
TELEPHONE: 205-663-3859

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Betty Harris 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 12 day of June, 192001  
(SEAL)

Jane P. Paul  
NOTARY PUBLIC  
ADDRESS: 9th Street Alabama AL 35007  
8/21/04

PREPARED BY: ANN KEMP - ALABAMA MEDICAID AGENCY  
PO BOX 020706  
TUSCALOOSA AL 35402

07/30/2001-31482  
09:03 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MSB 11.00