10,139

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

	DIDY MOREC	
Agency ("the /	Agency') to the extent that the Asset	, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid
Medicaid Progr	ram ("the Program"); and	ency has paid medical benefits for Medicaid Claimant under the Alabama
WHEREAS, Me benefits for N	edicaid Claimant may hereafter becom Medicaid Claimant,	me indebted to the Agency to the extent that the Agency pays future
medical benefi SELL, ASSIGN a	its under the Program, the Medicaid and CONVEY unto the Agency, its succ	nent of said indebtedness and in order for Medicaid Claimant to obtain I Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN, coessors and assigns, a lien for the full dollar value of said medical lescribed real estate situated in <u>Shelby</u> County, Alabama
ın	: 65A-2 of Deer Springs Estate the N.W. 1/4 of Section 20, 1 ok 062, page 924	tes, 1st addition, Map book 5, page 82, situated Township 20-S, Range 2-W, Shelby County, Alabama
		Inst # 2001-45381
		10/19/2001-45381 03:08 PM CERTIFIED
		SHELBY COUNTY JUDGE OF PROBATE
		OOI CH 11.00
Subject, however	er, to all existing liens now on sai	
36103-5624. The	btained by writing to: Lien Office, his lien shall be due and payable up aimant, and shall otherwise be enfor	County. The dollar value of this lien as it may exist from time to Alabama Medicaid Agency, Post Office Box 5624, Montgomery, Alabama upon the sale, transfer or lease of said property, or upon the death proceable in accordance with the limitations of 42 U.S.C. §1396a(18)
IN WITNESS Withis the 30	HEREOF, the undersigned has duly ex	executed this instrument to voluntarily grant the aforesaid lien on
	X	MEDICAID CTAIMANT Bully Motos mark
	<u></u>	SPOUSE
WITNESS:	shavie Smoth	WITNESS: Myluna Motion
ADDRESS: 85) NW 9th St alabaste	WITNESS: Mylana Motor Holling H. 25007 ADDRESS: PO Box 88 Columbiana A.
TELEPHONE: <u>20</u>	5-663-3859	TELEPHONE: (305) 669-022/ 3505/
STATE OF ALABAM	Shellen_	
Alabama Medicaid of (her) spouse, whose said instrument (to the content of the co	claimant, a (single)(married) person, is :	cate and County, hereby certify that Review Mose name as an signed to the foregoing instrument, and (his) at, acknowledged before me on this day that being informed of the contents of wrily on the day the same bears date
· re and Shell f		Teland John Tolling war and also
		850 NW 97h St alabatera ADDRESS ADDRESS
	BONNIE JONES - ALABAMA MEDICA PO BOX 020706	Commission Expires 8-29-04

Form 220 Revised 1/20/95

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Alabama Medicaid Agency