

10,190

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, BENNIE FORD, ("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 Southwest corner of the NW 1/4 of NE 1/4 of Section 19, Township 19, Range 3 East; thence run North 0 deg. 10 min. West along the West line of said 1/4 - 1/4 Section 390 feet to a point; thence North 88 deg. 09 min. East a distance of 420 feet to a point, said point being the point of beginning of the property herein conveyed; thence continue along last described course and along an existing fence line 180 feet to a point; thence run South along said existing fence line 390 feet, more or less, to a point on the South line of said 1/4 - 1/4 Section; thence run West along the South line of said 1/4 - 1/4 Section a distance of 180 feet, more or less to the Southeast corner of the lot owned by Bennie Ford; thence run North 0 deg. 10 min. West along the East line of the Bennie Ford and Ervie Samuel lot a distance of 390 feet to the point of beginning.

Inst # 2001-48893

11/13/2001-48893
08:54 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CH 11.00

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 21st day of September, 2001.

Bennie Ford
MEDICAID CLAIMANT

SPOUSE

WITNESS:

Yesh Odum
ADDRESS: P.O. Box 1012 Jasper
TELEPHONE: 205-384-9086

WITNESS:

Shannon Poe
ADDRESS: P.O. Box 1012 Jasper
TELEPHONE: (205) 384-9086

STATE OF ALABAMA
COUNTY OF Walker

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Bennie Ford 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 21st day of Sept., 2001.
(SEAL)

Callan Miller
NOTARY PUBLIC
98 East 18th St. Jasper AL 35501
ADDRESS

Commission Expires My Commission Expires 8-2-02

PREPARED BY: HOPE OLIVER - ALABAMA MEDICAID AGENCY
PO BOX 020706
TUSCALOOSA AL 35402