

10,286

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Jerome M. Lesser ("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:

A part of the SE1/4 of NW1/4 and a part of the SW1/4 of NE1/4 of Section 18, Township 18 South, Range 1 East, and being more particularly described as follows:
Commence at the NE corner of the SE1/4 of NW1/4 of Section 18, Township 18 South, Range 1 East, thence South 38° 44' West 586.18 feet to the southeasterly right of way line of Dunnavant Road, and the Southerwesterly side of a Private Road; thence South 46° 20' East 403.17 feet to the northeasterly side of said Private Road, for point of beginning. Thence South 5° 33' East along the easterly side of said Private Road, 150.00 feet; thence North 74° 04' 32" East 200.0 feet; thence North 5° 33' West 150.00 feet; thence South 74° 04' 32" West 200.00 feet to the point of beginning.

SUBJECT TO Right of way granted to Alabama Power Company by instrusment (s) recorded In Deed Book 131, Page 201, Deed Book 200, Page 543 and Deed Book 210, Page 613.

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 5 day of October, 19 2001

Jerome M. Lesser
MEDICAID CLAIMANT Inst # 2002-02141

SPOUSE

WITNESS: Debra O Carpenter
ADDRESS: 67 Pumpkin Ctr Cat-ofc Rd
Quinton, AL 35130
TELEPHONE: 205 674-3766

01/11/2002-02141
01:18 PM CERTIFIED
WITNESS: Denard Woodard
SHELBY COUNTY JUDGE OF PROBATE
ADDRESS: Sumdon, AL 35148
TELEPHONE: 205-648-3529

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Jerome M. Lesser 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 5 day of October, 19 2001

Denard Woodard
NOTARY PUBLIC
ADDRESS: 9348 Millard WARRIOR AL 35180
Commission Expires 8-7-2005

PREPARED BY: _____
ALABAMA MEDICAID AGENCY
5 BAGBY DRIVE ROOM 302
BIRMINGHAM AL 35209

01/11/2002-02141
01:18 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CH 11.00