

10764

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, James L. Taylor, ("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:

20020910000433720 Pg 1/1 11.00
Shelby Cnty Judge of Probate, AL
09/10/2002 12:03:00 FILED/CERTIFIED

One lot beginning at the N.W. corner of Roy Williams lot at the Harpersville Road right of way, thence, run East 210 feet thence, run North 105 feet, thence run West 210 feet to said Harpersville road right of way, thence, South along said road right of way 105 feet to the point of beginning, containing 1/2 acre more or less in North West quarter of Section 1 Township 21 Range 3 west.

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 13th day of August, 2002

James Taylor
MEDICAID CLAIMANT

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that James Taylor whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and James Taylor (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 13th day of August, 2002.
(SEAL)

Barbara A. Kello
NOTARY PUBLIC
P.O. Box 1235
ADDRESS
Commission Expires June 23, 2006

PREPARED BY: Bonnie Jones, Alabama Medicaid Agency
P O Box 020706
Tuscaloosa, Alabama 354020706