

STATE OF ALABAMA
COUNTY OF Shelby

12210A


20041029000597230 Pg 1/1 11:00
Shelby Cnty Judge of Probate, AL
10/29/2004 10:16:00 FILED/CERTIFIED

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Mary K. Lancaster, ("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:

Lot No. 63, in Lacoosa Estates, as shown on plat recorded
in the Probate Office of Shelby County, Alabama, in Map
Book 5, Page 35.

Subject to existing easements, restrictions, set-back lines, rights of way, limitations, if any, of record.

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 13 day of AUGUST, 2004.

Mary K. Lancaster By James D. Lancaster POA
MEDICAID CLAIMANT
Buel L. Lancaster By James D. Lancaster POA
SPOUSE

WITNESS: _____
ADDRESS: _____
TELEPHONE: _____

WITNESS: _____
ADDRESS: _____
TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF _____

I, the undersigned, a Notary Public in and for said State and County, hereby certify that _____ 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 13 day of August, 2004.
(SEAL)

Margaret G. Olson
NOTARY PUBLIC

ADDRESS _____
Commission Expires 11-15-06

PREPARED BY: ALABAMA MEDICAID AGENCY
486 PALISADES BLVD
BIRMINGHAM, AL 35209-5154