## 12752

20050617000302260 1/1 \$11.00 Shelby Cnty Judge of Probate,AL 06/17/2005 02:47:25PM FILED/CERT

## TIEST TODO MEDICAT DANACSITO TISINED ATADAMA MEDICATO DECOMESA

	LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM
Agency ("the Ag	Jerome Harris , ("Medicaid Claimant") is justly indebted to the Alabama Medicaid gency") to the extent that the Agency has paid medical benefits for Medicaid Claimant under the Alabama medical Program"); and
	dicaid Claimant may hereafter become indebted to the Agency to the extent that the Agency pays future edicaid Claimant,
medical benefit SELL. ASSIGN ar	ore, in order to secure the repayment of said indebtedness and in order for Medicaid Claimant to obtain ts under the Program, the Medicaid Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN, and CONVEY unto the Agency, its successors and assigns, a lien for the full dollar value of said medical and to be paid, on the following described real estate situated inSHELBYCounty, Alabama
r	Beginning at the southeast corner of section 34, township 20, range 3 west; thence north on said section line 200 feet to the north right of way line of the Helena-Alabaster public road; thence in a northwesterly direction parallel with the north right of way line of said oad, 420 feet; turn thence north parallel with the east line of said section, 420 feet to point of beginning; thence in a southeasterly direction parallel with the north right of way line of said road 38 feet; thence in a southwesterly direction 80 feet to point of antersection with the 420 foot line running north parallel with the east line described above; said point being 93 feet from point of beginning; thence north parallel with the east line of said section, 93 feet to point of beginning.
	Beginning as the southeast corner of the southeast quarter of section 34, township 20, range 3 west, and run north along said section line 200 feet to Helena- Alabaster public road; thence crossing said road follow said road in a northwest direction 420 feet to point of beginning thence north 420 feet parallel with the east line of the said quarter; thence north west 12 feet; thence southwest 293 feet to point of beginning
Subject, however	er, to all existing liens now on said property.
time, may be of 36103-5624. The	his lien will be recorded in said County. The dollar value of this lien as it may exist from time to btained by writing to: Lien Office, Alabama Medicaid Agency, Post Office Box 5624, Montgomery, Alabama his lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death aimant, and shall otherwise be enforceable in accordance with the limitations of 42 U.S.C. §1396a(18) y be amended.
IN WITNESS I this the	HEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on day of Application of Medical Claimant
WIINESS:	WTINESS:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
Alabama Medicaid (her) spouse, who said instrument (     Given under my (SEAL)	gned, a Notary Public in and for said State and County, hereby certify that concerned whose name as a claimant, a (single) (married) person, is signed to the foregoing instrument, and (his see name is also signed to said instrument, acknowledged before me on this day that being informed of the contents of they) (he) (she) executed the same voluntarily on the day the same bears date.  PATRICK E. KENNEDY Antonney At Law 604 11th Ave., S.W. Alabaster, Alabama 35007 205-651-0399  ADDRESS & Commission Expires November 28, 2005

Form 220 Revised 1/20/95

P O BOX 020706

Tuscaloosa, AL

35401

Alabama Medicaid Agency