20050830000448090 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 08/30/2005 01:19:54PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Clara T. Harris , ("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 <u>Shelby</u> County, Alabama
to-wit:
Lot 6 according to the amended map of "Goldwire" as shown by plat recorded in Fiap Book 5, Page 64 in Probate Office of Shelby County, Alabama.
A certain lot or parcel of land situated in Section 5. Township 24. North
Range 12 East, more particularly described as follows: Begin at the intersection of the North and South center line of Section 5 with the
Northern margin of Highway 25 and run north 81 degress and 30 minutes East, along said margin of said Highway 388 feet to the East margin of Plantation
Pipe Lines right of way, and the point of beginning; thence run North 15 degrees East, along said right of way 187.7 feet to the Southern margin
of the SouthernRailroad right of way; thence South 81 degrees East, along said last named right of way 127 feet to a stake; thence run South 15 degrees West for 136 feet to a stake on the Northern margin of Highway 25;
thence along said Northern margin of said Highway South 81 degrees and 30 minutes West 127 feet to the point of beginning of the land herein
conveyed. SAid property being situated in Shelby County, Alabama.
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
IN WITNESS WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on this the 130 day of
Clara Mae Harris
MEDICAID CIAIMANT
SPOUSE AND WAR
WITNESS: MULL SWILLE WITNESS: X//
ADDRESS: 45 alba Hmy Try, AU 36019 ADDRESS: 515 Elba Hmy Troy, AU 36079
TELEPHONE: (334) 546 9575 TELEPHONE: (334) 566-9575
STATE OF ALABAMA
STATE OF ALABAMA COUNTY OF I, the undersigned, a Notary Public in and for said State and County, hereby certify that Chan May Hams whose name as an
I, the undersigned, a notary rubit in and for said state and county, hereby certify that your two two whose hame 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 1311 day of Tuly, 19205
(SEAL) Karen Petus
NOTARY PUBLIC

Commission Expires

PREPARED BY: Diane M. Hamilton, Med. Elig. Spec. Sr.

Montgomery, Alabama 36104

501 Dexter Avenue