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20060921000468690 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 09/21/2006 10:13:38AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, <u>WILLIAM R. RAMSEY</u>, ("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 County, Alabama</u>. to-wit:

Commence at the SW corner of the NE ¼ of the NW ¼ of Section 1 T21S, R3W, Shelby County, AL., thence run North 108 ft, thence run East 375 ft, thence run South 15 ft to POB. Thence continue South 93 ft to South line of said ¼ - ¼ section, thence run East along said ¼ - ¼ line 350 ft to the West ROW of Liberty Church Road. Thence run Northeasterly along said ROW 85 ft, thence run Northwesterly 400 ft more or less to POB.

Parcel @ 23-1-0-12-001-025

Less and except any road right of ways of record. Grantor does assume any liability for unpaid taxes

This deed is given subject to that certain Mortgage from Grantee herein to the Grantor herein dated the 14th day of March 1992.

A Purchase Money Mortgage is being recorded simultaneously herewith to secure the deferred payment indebtedness.

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.§1396(18) as the same may be amended.

IN WITNESS WHEREOF, the undersigned has duly e	executed this instrument to voluntarily grant the aforesaid
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WITNESS: Sun Manuel	WITNESS: LICALIN ON Phila
ADDRESS: 0-01500 /1/a6999	ADDRESS: 4040 HWY 31
(205)	
(205) TELEPHONE: 358-0162	TELEPHONE: (2051 (08-9053
STATE OF ALABAMA	
COUNTY OF	
I, the undersigned, a Notary Public in and for said State and Cou	unty, hereby certify that William Rampee whose name as
an Alabama Medicaid Claimant, a (single)(married) person, is signed to the	e foregoing instrument, and(his)
(her) spouse, whose name is also signed to said instrument, acknowledge	
instrument (they)(he)(she) executed the same voluntarily on the day the same	$oldsymbol{\Lambda}$
Given under my hand and official seal this the 29 day	of <u>4449</u>
	L. M. Dim
	NOTARY PUBLIC ;
	1.0 BA 1307 Alaboster Al
	ADDRESS
	Commission Expires 1-22-08
PREPARED BY: <u>Jennifer H. ThomasAlabama Medicaid Agency</u>	
P.O. Box 020706 Tuscasloosa, Alabama 35402	
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