

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Janice Dison, ("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 to wit:

Lot No. 19 as shown on a map entitled "Property Line Map, Siluria Mills, prepared by Joseph A. Miller, Reg. Civil Engineer on October 5, 1965, and being more particularly described as follows:
Begin at the intersection of the southerly right of way line of 4th Ave West and the westerly right of way line of Cotton Street, said right of way lines as shown on the Map of the Dedication of the Streets and Easements, Town of Siluria, Al. Thence southwesterly along said right of way line of 4th Ave West for 170.69 feet; thence 74 deg. 41 min. left and run Southerly for 55.68 feet; thence 88 deg. 43 min. 30 sec. left and run easterly for 178.03 feet to a point on the westerly Right of way line of Cotton Street; thence 94 deg. 16 min. 10 sec. left to tangent of a curve to the left having a radius of 707.92 feet; thence northwesterly along the arc of said curve for 105.67 feet to the point of beginning.


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. §1396(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 6th day of July, 2007.

Janice Ray Dison by
Sanford D. Hatten, Jr. as Conservator
MEDICAID CLAIMANT

SPOUSE


20070808000371610 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
08/08/2007 02:54:36PM FILED/CERT

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 Sanford D. Hatten, Jr. whose name as an Alabama Medicaid Claimant, a (single) (married) person, is signed to the foregoing instrument, and N/A (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 6th day of July, 2007.

Kristi T. Atwell
NOTARY PUBLIC
P.O. Box 825 COLUMBIANA AL 35051
ADDRESS
Commission Expires 10-26-09

P. Jackson
PREPARED BY: Alabama Medicaid Agency
486 Palisades Blvd
Birmingham, AL 35209