

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Judy L. Swain Garrett, ("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:

ONE ACRE OF LAND IN A SQUARE SURROUNDING HOUSE BEING LOCATED ON OLD ALBERT BAKER PLACE. LOCATED IN N SIDE NW1/4 NE1/4.



20080123000030650 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
01/23/2008 02:43:29PM FILED/CERT

THAT P/O NW1/4 OF NE1/4 LYING W/O CO HWY85 & N/O BRANCH LES 164' (S) OFF N/S & LESS FOLL DESC POL BEG 600' E/O & 250' S/O NW COR NELY TH SELY 210' SWLY 420' NWLY 210' NELY 420' TO POB

Parcel # 07-7-36-0 -000 -099,000

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 26th day of June, 19 97.

Judie L. Barrett
MEDICAID CLAIMANT

SPOUSE

WITNESS: Richard Fair

WITNESS: _____

ADDRESS: 160 Lonsain Drive Harvest Hill Ala
35078

ADDRESS: _____

TELEPHONE: 672-7270

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Jalisco

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Judie Barrett 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 26th day of June, 19 97.

(SEAL)

Jean H. Snyder
NOTARY PUBLIC
P.O. Box 1123 Daytona, Al
ADDRESS 35150
Commission Expires 6/24/2000

PREPARED BY: Sandra F. Williams, Medicaid Rep.

ALABAMA MEDICAID AGENCY
OPELIKA DISTRICT OFFICE
3760 MIDWAY PLAZA
OPELIKA AL 36801