

STATE OF ALABAMA
COUNTY OF ~~JEFFERSON~~ Shelby

14765

20080620000252650 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
06/20/2008 12:25:28PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, RFRANK E LYNN, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("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 JEFFERSON Shelby County, Alabama to-wit:

LOT 34, ACCORDING TO THE MONTE TIERRA SUBDIVISION, AS RECORDED IN MAP BOOK 5, PAGE 114, IN THE PROBATE OFFICE OF SHELBY CO, ALABAMA; 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. s1396a(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 7 day of may, 2008.

Frank E Lynn
MEDICAID CLAIMANT

Dorothy L Hodgson
ATF

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 Frank E Lynn whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and Dorothy L Hodgson - ATF (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 7 day of may, 2008.

A Phillip Bayer

BIRMINGHAM DISTRICT OFFICE
486 PALISADES BLVD.
BIRMINGHAM AL 35209-5154

Frank E Lynn
Dorothy L Hodgson
NOTARY PUBLIC
Frontier Bank
ADDRESS: _____

Commission Expires _____

PREPARED BY: _____

Sandra Robinson
Notary Public
My Commission Expires
1/28/2010