

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Emily Timmons, ("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 Shelby County, Alabama to-wit:

Unit 806, Building 8, In The Gables, a Condominium, a condominium located in Shelby County, Alabama, as established by Declaration of Condominium and By-Laws thereto as recorded in Real Volume 10, page 177 and amended in Real Volume 27, page 733, Real Volume 50, Page 327 and Real Volume 50, page 340 and re-recorded in Real 50, page 942 and Amended in Real 59, page 19 and further admended by Corporate Volume 30, page 407 and in Real 96, page 855 and Real 97, page 937 and By-Laws as shown in Real Volume 27, page 733 and then amended in Real Volume 50, page 325 together with an undivided interest in the common elements, as set forth in the aforesaid mentioned Declaration, said Unit being more particularly described in the floor plans and architectural drawings of The Gables Condominium as recorded in Map Book 9, pages 41 thru 44, and amended in Map Book 9, page 135 and further amended by Map Book 10, page 49 in the Probate Office of 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 20th day of December, 2009.

Emily Timmons by Leslie Hullbert, as POA
MEDICAID CLAIMANT

WITNESS: Jessica Agnew
ADDRESS: 3216 Foxdale Rd. Millbrook, AL
TELEPHONE: 850-259-0766

SPOUSE

WITNESS: Joey Disanto
ADDRESS: 2225 Grandview Rd Millbrook AL
TELEPHONE: 334-799-0955

STATE OF ALABAMA
COUNTY OF AUTAUGA

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Emily Timmons by Leslie Hullbert whose name 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 20TH day of DECEMBER, 2009
(SEAL)

Susan W. Harris
NOTARY PUBLIC
1268 Huie St Prattville, AL 36066
ADDRESS

Commission Expires 04/26/2012

M Babcock
PREPARED BY: Alabama Medicaid Agency
106 Executive Park Lane
Selma, AL 36701