
STATE OF Alabama

COUNTY OF Shelby

16030

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

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), they is pouse, does hereby GRANT, BARGAIN, SELL, ASSIGN and CONVEY unto the Agency, its successors and assigns, a len for the full dollar value of said medical benefits paid and to be paid, on the following described real estate situated in Shelby. COMENCE AT THE SOUTHWEST CORNER OF THE SW! OF SW!, SECTION36, TOWNSHIP 21, RANGE 1 WEST, AND RUN THENCE NORTH 85 DEGREES EAST 2010 PRET TO CENTER OF THE RIGHT-OF-WAY OF LAM RAILROAD: THENCE ALONG SAME NORTH 23 DEGREES 30 MINUTES WEST A DISTANCE OF BATTATIKE OF BATTATIKE OF BATTATIKE OF THE RIGHT TURN LEFT AND RUN MEST, 21, DROTTES SOUTH LINE OF THE PROPERTY DESIDED TO ANN PATTERSOOT ENTING LONG THIS SOUTH, ALDRO THE SOUTH LINE OF THE PROPERTY DESIDED TO ANN PATTERSOOT ENTER OF THIS SAID PLOT OF LAND, A DISTANCE OF 83 FEET; THENCE TURN LEFT AND RUN BAST, AND RANTLES AND THE SOUTH LINE OF THE PROPERTY DEBEDED TO ANN PATTERSOOT ENTING. CONTAINS ONE ACRE, HORE OR LESS. BOOK 182 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 182 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.010 SOUCK 183 PAGE 417 PARCEL 21 7 360 000 007.01		
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/ther) spouse, does hereby GRANT, BARGAIN, SELL, ASSIGN and CONVEY unto the Agency, its successors and assigns, a liter for the full dollar value of said medical benefits paid and to be paid, on the following described real estate situated in Snelby. COMMENCE AT THE SOUTHVEST CORNER OF THE SPIP OF SPIP, SECTION36, TOWNSHIP 21. COMMENCE AT THE SOUTHVEST CORNER OF THE SPIP OF SPIP, SECTION36, TOWNSHIP 21. RANGE I WEST, AND RUN TRENNE NORTH 85 DECREES REST 2010 FEET TO CENTER OF THE RANGE IN WEST. AND RUN TRENNE WIGHT SECTION SAID NORTH 23. DECREES 30 MINUTES IN DECREES SPIP OF SPIP AND RUN SECTION SAID NORTH 23. DECREES 30 MINUTES SPIP AND RUN SECTION SAID NORTH 23. DECREES 30 MINUTES WEST A DISTANCE OF 51 FEET, MORE OR LESS; TIERCE TURN LEFT AND RUN RUN SETT AND RUN SUN MEST. ALDNE THE SOUTH HAVE OF THE PROPERTY DEEDED TO JUPHOT L. JONES AND WIFE VALARIE A DISTANCE OF SI PEST. THENCE TURN LEFT AND RUN RAST, AND PARALLEL TO THE NORTH LINE OF THE PROPERTY DEEDED TO JUPHOT L. JONES AND WIFE VALARIE A DISTANCE OF BECTINHING. CONTAINS ONE ACRE, MORE OR LESS. SOOK 182 PAGE 417 PARCE, # 217 36 D000 007.010 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 lime, may be obtained by writing to Lien Office, Alabama Medicaid Agency, Post Office Box 5024, Montgomery, Alabama 36 (01.3-5624. This lien shall be due and payable upon the said. Invision of 42 U.S.C. s 3396a(18) as the same may be amended. IN WINNESS WHEREOF, the undersigned has duly executed this sustrument to voluntarily grant the aforesaid lien on MEDICAL CLARE AND ALBAMANT. WITNESS WHEREOF, the undersigned has duly executed this sustrument to voluntarily grant the aforesaid lien on MEDICAL CLARE AND ALBAMANT. WITNESS WHEREOF, the undersigned has	Agency ("Agency") to the extent that the Agency has paid medical be	
INCLIA SSIGN 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		to the Agency to the extent that the Agency pays future
RANGE 1 WEST, AND RUN THEMER NORTH 85 DEGREES EAST 2010 FRET TO CENTER OF THE RIGHT-OF-TWAY OF LAN RAILBOAD; THEMER ALONG NORTH 2215 FRET, MORE OR LESS, TO A STARTING POINT; THENCE CONTINUE ALONG THIS 23 DEGREES 30 MINUTES WEST A DISTANCE OF 83 FEET; THENCE TURN LEFT AND RUN WEST, ALONG THE SOUTH LINE OF THE PROPERTY DEDED TO ANN PATTERSON, A DISTANCE OF 571 FEET, MORE OR LESS, THENCE TURN LEFT AND RUN WEST, ALONG THE SOUTH LINE OF THE PROPERTY DEDED TO JUNY L. JONES AND WIFE VALARIE A DISTANCE OF 83 FEET; THENCE TURN LEFT AND RUN REST, AND PARTLESON, A DISTANCE OF 83 FEET; THENCE TURN LEFT AND RUN REST, AND PARTLESON, A DISTANCE OF 83 FEET; THENCE TURN LEFT AND RUN REST, AND PARALLEL. TO THE POINT OF BECCINITING. CONTAINS ONE ACRE, MORE OR LESS. BOOK 182 PAGE 417 PARCEL # 217 36 0 000 007.010 Subject, however to all existing liens now on said property. Motice 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. s. 1950a(18) as the same made. IN WITNESS WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on day of MEDICAL RECTAL	medical benefits under the Program, the Medicaid Claimant, joined by SELL, ASSIGN and CONVEY unto the Agency, its successors and a benefits paid and to be paid, on the following described real estate sit	y (his)(her) spouse, does hereby GRANT, BARGAIN, ssigns, a lien for the full dollar value of said medical
PARCEL # 217 36 0 000 007.010 She bloy Cnty Judge of Probate, AL 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 30 - 20 - WITNESS WITNESS. WITNESS:	RANGE 1 WEST, AND RUN THENCE NORTH 85 DE RIGHT-OF-WAY OF L&N RAILROAD; THENCE ALO WEST 2215 FEET, MORE OR LESS, TO A START 23 DEGREES 30 MINUTES WEST A DISTANCE OF WEST, ALONG THE SOUTH LINE OF THE PROPER OF 571 FEET, MORE OR LESS; THENCE TURN L LINE OF THE PROPERTY DEEDED TO JIMMY L. 83 FEET; THENCE TURN LEFT AND RUN EAST, SAID PLOT OF LAND, A DISTANCE OF 571 FEE	GREES EAST 2010 PEET TO CENTER OF THE NG SAME NORTH 23 DEGREES 30 MINUTES ING POINT; THENCE CONTINUE ALONG THIS 83 FEET; THENCE TURN LEFT AND RUN TY DEEDED TO ANN PATTERSON, A DISTANCE EFT AND RUN SOUTH, ALONG THE EAST JONES AND WIFE VALARIE A DISTANCE OF AND PARALLEL TO THE NORTH LINE OF THIS T, MORE OR LESS, TO THE POINT OF
Shelby Cnty Judge of Probate, AL 04/30/2010 01:41:58 PM FILED/CERT 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 36103-3624. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the dath 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 30 MEDICAID CLAIMANT WITNESS: WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on this the 30 MEDICAID CLAIMANT WITNESS: WITNESS	BOOK 182 PAGE 417	
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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 30 Medicaid Claimant. WITNESS: WITNES	Subject, however to all existing liens now on said property.	04/30/2010 01:41:58 PM FILED/CERT
WITNESS: Wards James SPOUSE WITNESS: WI	obtained by writing to: Lien Office, Alabama Medicaid Agency, Post This lien shall be due and payable upon the sale, transfer or lease of sale.	Office Box 5624, Montgomery, Alabama 36103-5624. aid property, or upon the death of Medicaid claimant,
WITNESS: Wards James WITNESS: WILL DUST ADDRESS: IDS Edic Cicle RBC AL ADDRESS: 456 Bruck Drive Offictore, RZ TELEPHONE: (256) 393-2377 TELEPHONE: (256) 892-8178 STATE OF Alabama COUNTY OF Colors 1, the undersigned, A Notary Public in and for said State and County, hereby certify that liter Insular whose name as an Alabama Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and MA (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 30 day of March 2006 SEAL) SMACH ADDRESS	this the 30 day of Merch , 20 13 Miller Brishw	
I, the undersigned, A Notary Public in and for said State and County, hereby certify that the substantial 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 30 march 20 0 (SEAL) ADDRESS, ADDRESS,	WITNESS: Unarda Simmulus SPOUSE ADDRESS: 108 Edic Circle RBC AL ADI	NESS: 456 Brick Drive Ohatchee, 12
Melanie M. Shadding NOTARY PUBLIC ADDRESS, ADDRESS,	I, the undersigned, A Notary Public in and for said State and Coun name as an Alabama Medicaid claimant, a (single)(married) person, is (his)(her) spouse, whose name is also signed to said instrument, acknowledge the contents of said instrument (they)(he)(she) executed the same volution of the contents of said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the same volution of the said instrument (they)(he)(she) executed the said	s signed to the foregoing instrument, and
	(SEAL)	Milanie Malding NOTARY PUBLIC ALL MARIE
PREPARED BY: ALABAMA MEDICAID AGENCY Commission Expires // /7//2		ADDRESS,
AND MEST MEGHAN BLVD	PREPARED BY: ALABAMA MEDICAID AGENCY 200 WEST MEIGHAN BLVD	Commission Expires ////////