

16030

STATE OF Alabama
COUNTY OF Shelby

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Walter J Brasher, ("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:

COMMENCE AT THE SOUTHWEST CORNER OF THE SW $\frac{1}{4}$ OF SW $\frac{1}{4}$, SECTION 36, TOWNSHIP 21, RANGE 1 WEST, AND RUN THENCE NORTH 85 DEGREES EAST 2010 FEET TO CENTER OF THE RIGHT-OF-WAY OF L&N RAILROAD; THENCE ALONG SAME NORTH 23 DEGREES 30 MINUTES WEST 2215 FEET, 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 DEEDED TO ANN PATTERSON, A DISTANCE OF 571 FEET, MORE OR LESS; THENCE TURN LEFT AND RUN SOUTH, ALONG THE EAST LINE OF THE PROPERTY DEEDED TO JIMMY L. JONES AND WIFE VALARIE A DISTANCE OF 83 FEET; THENCE TURN LEFT AND RUN EAST, AND PARALLEL TO THE NORTH LINE OF THIS SAID PLOT OF LAND, A DISTANCE OF 571 FEET, MORE OR LESS, TO THE POINT OF BEGINNING. CONTAINS ONE ACRE, MORE OR LESS.

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Shelby Cnty Judge of Probate, AL
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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 30th day of March, 2010.

Walter Brasher
MEDICAID CLAIMANT

M/A
SPOUSE

WITNESS: Angela Simmons
ADDRESS: 108 Eddie Circle RBC, AL
TELEPHONE: (256) 393-2377

WITNESS: Julie Dent
ADDRESS: 456 Buck Drive, Olathee, AZ
TELEPHONE: (256) 892-8178

STATE OF Alabama
COUNTY OF Calhoun

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Walter Brasher whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and M/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 30th day of March, 2010.
(SEAL)

Melanie M Shaddy
NOTARY PUBLIC
242 Cobb Rd Olathee, AL
ADDRESS

Commission Expires 12/17/12

PREPARED BY: S Martin
ALABAMA MEDICAID AGENCY
200 WEST NEIGHAN BLVD
SUITE D

Form 220 Revised 1/20 **GADSDEN AL 35901**

Alabama Medicaid Agency