

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, BETTY MASSEY, ("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:

DEED Book 306 Page 538

The N 1/2 of Lot 3 in Block 2, Nickerson's Survey on Helena Road, according to map as recorded in Map Book 3, Page 116, in the Probate Office of Shelby County, Alabama. Excepting Highway Right of Way.

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 26th day of August, 20 10.

Betty Massey
MEDICAID CLAIMANT

Deceased

SPOUSE

WITNESS: Rachael Norris

WITNESS: Casey Norris

ADDRESS: 167 Lovelady Lane Lawley, AL ADDRESS: 1150 Hwy 36 Lawley, AL

TELEPHONE: 334-366-4528

TELEPHONE: 334-366-5997

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Betty Massey 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 26 day of August, 20 10.
(SEAL)

[Signature]
NOTARY PUBLIC

903 3rd Ave NW Alabaster
ADDRESS

Commission Expires 1-5-2014

AL
35007

PREPARED BY: JHT- ALA MEDICAID AGENCY
907 22ND AV
TUSCALOOSA, AL 35401