

STATE OF Alabama
COUNTY OF Shelby

16388

20101006000331640 1/1 \$12.00
Shelby Cnty Judge of Probate, AL
10/06/2010 12:47:21 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Patricia A. Duckett, ("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:

Lots 2 and 3, in Block 1, according to the Map of Dunwar Estates, as recorded in Map Book 3, Page 154, in the Probate Office of Shelby County, Alabama.
Situated in Shelby County, Alabama.

Subject to taxes for 1998 and subsequent years, easements, restrictions, rights of way, and permits of record.

Arizona L. Deason is the surviving grantee in that certain deed recorded in Real Record 007, Page 996, in the Probate Office of Shelby County, Alabama; the other grantee, W. R. Deason, having died on or about the 27 day of May, 1988.

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. §1396a(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 8th day of September, 2010.

Patricia A. Duckett / Robin Deason
MEDICAID CLAIMANT POA

WITNESS: Brendy Wooten SPOUSE
ADDRESS: 117 Morning Mist Trl
TELEPHONE: Alabama 35007
604-4160

WITNESS: Samuel Roberts
ADDRESS: 100 Wagon Circle Alabaster, AL 35007
TELEPHONE: 205-664-1914

STATE OF Alabama
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I, the undersigned, A Notary Public in and for said State and County, hereby certify that Patricia A. Duckett 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 8 day of September, 2010.
(SEAL)

Deane L. Carter
NOTARY PUBLIC

97 Carter Lane Alabaster
ADDRESS Al.

Commission Expires 4/13/13

PREPARED BY: M SAVAGE
Selma District Office
106 Executive Park Lane
Form 220 Revised Selma, AL 36701-7734

Alabama Medicaid Agency