

STATE OF ALABAMA
COUNTY OF ~~Tuscaloosa~~ Shelby

16356

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Shelby Cnty Judge of Probate, AL
10/06/2010 12:47:22 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Edward Atkisson, ("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:

Book 315, Page 745

Lot 28 of Deer Springs Estates - First Addition, as recorded in Map Book 5, Page 55 in the office of the Judge of Probate, Shelby County, Alabama, subject to easements for public utilities, pipe lines, restrictive covenants, conditions and limitations which pertain to said lot and any mineral mining rights not owned by Deer Springs Estates Inc.

Also, that indebtedness owed to Deer Springs Estates Inc., evidenced by that certain Real Estate Lease Sales Contract dated 8/7/71, from Edward Atkisson to Deer Springs Estates Inc. referred to in assignments recorded in Misc. Book 15, Page 151 and Misc. Book 17, Page 180 in the office of the Judge of Probate of Shelby County, Alabama, is hereby released and paid in full.

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 10 day of August, 20 10.

Brenda Atkisson CV-10-469
MEDICAID CLAIMANT Guardian of Shelby
Edward Atkisson County

WITNESS:

ADDRESS:

TELEPHONE:

SPOUSE

WITNESS:

ADDRESS:

TELEPHONE:

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Brenda Atkisson 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 10th day of Aug., 20 10.
(SEAL)

[Signature]
NOTARY PUBLIC
3350 Pelham Parkway
ADDRESS

Commission Expires My Commission Expires March 15, 2011

PREPARED BY: Amanda Swindle, Alabama Medicaid
907 22nd Avenue
Tuscaloosa, AL 35401