

18486

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, ROSS A VARIN, ("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 as recorded in Deed Book: 205 Page: 327

Instrument #: 2011092200081260

Parcel #: 19 4 18 0 001 037.012

Described as follows: SEE ATTACHED EXHIBIT "A"

20130801000312620 1/2 \$17.00
Shelby Cnty Judge of Probate, AL
08/01/2013 09:58:38 AM 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 36103-5624. 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 29th day of March, 2013.

Ross Varin by Vicki Jubeck POA
MEDICAID CLAIMANT

DECEASED

SPOUSE

WITNESS: Marta Wilkins
ADDRESS: P.O. Box 1244 Columbiana, AL
TELEPHONE: 205-669-6204

WITNESS: Nena M. Atchison
ADDRESS: P.O. Box 822 Columbiana, AL 35051
TELEPHONE: 205-669-4694

STATE OF ALABAMA

COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Vicki Jubeck 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 29th day of March, 2013.

(SEAL)

April Clark
NOTARY PUBLIC

Wilsonville AL 35188
ADDRESS

Commission Expires 1-9-17

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


20110922000281260 3/3 \$20.00
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EXHIBIT "A"

SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA:

LOT 19, SECTOR A, ACCORDING TO THE SURVEY OF THE HOMESTEAD, AS RECORDED
IN MAP BOOK 8, PAGE 167 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

TAX ID NO: 194180001037012

BEING THE SAME PROPERTY CONVEYED BY DEED:

GRANTOR: ADAWAY HOMEBUILDERS, INC.
GRANTEE: ROSS A. VARIN AND WIFE, FRANCES L. VARIN, FOR AND DURING
THEIR JOINT LIVES AND UPON THE DEATH OF EITHER OF THEM, THEN TO THE
SURVIVOR OF THEM
DATED: 09/16/1988
RECORDED: 09/20/1988
DOC#/BOOK-PAGE: 205-327

ADDRESS: 481 HOMESTEAD DRIVE, WILSONVILLE, AL 35186

END OF SCHEDULE A


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