STATE OF ALABAMA COUNTY OF SHELBY

## LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, William E Morris	, ("Medicaid Claimant")	is justly indebted to the Alal	bama Medicaid	
Agency ("Agency") to the extent that the Amedicaid Program ("the Program"); and	<del></del>		i vilat tura	
WHEREAS, Medicaid Claimant may I benefits for Medicaid Claimant,	nereafter become indebted to the A	Agency to the extent	Agency pays future	
NOW, therefore, in order to secure	the renayment of said indebtedne	ess and in order for Applicaio	l Claimant to obtain	
medical benefits under the Program, the M		1		
SELL, ASSIGN and CONVEY unto the A	- , , ,	· · · · · · · · · · · · · · · · · · ·	(a) (77)	
benefits paid and to be paid, on the following	• • • • • • • • • • • • • • • • • • • •		County, Alabama	,
to-wit:				
	Shelby County,	Alabama, to-wit:		
That part of 10t No 8 i 3 west, map of which is Shelby County according	n the SWt of the NEt, Section recorded in the office of the to survey of Pleasant Shaw Est	Probatequdeor		
of Davis Creek in a sou South a distance of 200	corner of Lot No 8 and run and theasterly direction a distance feet, thence West a distance of feet to point of beginning.	6 01 200 1000,		
the following described real esta	That part of the SW to	of the NEt Section	+	
19. Township 22. Rnge 3 the Probate Judge of She Shaw Estate in map recor	west. Map of which is recorded lby County, Alabama according d 3. page 49, desrcibed as fol	to survey of Pleasant Llows:		
208 feet to a road, then	corner of Lot No 8 and run in ince in a westerly direction al	long the north line of		
said road 133 feetthther easterly direction a lor	ice in a northerly direction 14 ag the center of Davis creek a	U feet, thence in an distance of 95 feet		
to point of beginning,	and being a part of Lot 9-A.			
<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Subject, however to all existing liens now	on said property.		K.	
Notice of this lien will be recorded in s	aid County The dollar value of th	his lien as it may exist from	time to time may be	<b>.</b>
obtained by writing to: Lien Office, Alabar	_		1 5	
This lien shall be due and payable upon the	sale, transfer or lease of said prop	perty, or upon the death of M	1edicaid claimant,	
and shall otherwise be enforceable in accor	dance with the limitations of 42 U	J.S.C. s1396a(18) as the sam	e may be amended.	
IN WITNESS WHEREOF, the undersi	gned has duly executed this instru	ment to voluntarily grant the	e aforesaid lien on	
his the 26th day of Man	<u>56</u> , 20/4.			
	1 , 2 /	P. A 1.1 11.		
	a vol & speek	Pod William		
	MEDICAID CLAIMANT	Inem	es for	
	deceased	· i		
	SPOUSE			
WITNESS:	WITNESS:	:		
ADDRESS:	ADDRESS:	•		
TELEPHONE:	TELEPHON	NE:		
COUNTY OF Tallade go				
I, the undersigned, A Notary Public in a	 and for said State and County, her	aby cartify that \ \( \OM\) \( \)	steen whose	
ame as an Alabama Medicaid claimant, a				
his)(her) spouse, whose name is also signe	d to said instrument, acknowledge	ed before me on this day that	being informed of	
he contents of said instrument (they)(he)(sl Given under my hand and official seal t	ne) executed the same voluntarily	on the day the same bears d	ater.	
Given under my hand and official seal t	his the day of	1anch 20/6	<u>1</u> .	
SEAL)				
		Miol auni	to Deller	
		NOTARY PUI	3!LIC	
	سر سر	72563/21/	Show Di	Telledest
		ADDDESS	JYIUC. COIL	A1.35/6/
		My Comm	ission Expires 8-1	6-201A
AND THE REAL PROPERTY AND THE REAL PROPERTY AS A SECOND AS A SECON	Con	nmission Expires		U"AU 14
REPARED BY: Jackie D. Pickett/Eligibility	/ Worker			
Elderly/Disabled Division Opelika District Office				
Openika District Office				

Form 220 Revised 1/20/95

20140520000151120 1/1 \$14.00 Shelby Cnty Judge of Probate, AL

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Alabama Medicaid Agency