

19353

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Kenneth Blankenship, ("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:

Begin at the Northwest corner of the Southwest quarter of the Northeast quarter of Section 28, Township 19 South, Range 1 East, Shelby County, Alabama; thence East along the North boundary line of said 1/4-1/4 Section, 340.00 feet to the centerline of a branch; thence South 42 degrees 05 minutes 14 seconds East along said centerline 264.97 feet; thence continue along said centerline South 24 degrees 10 minutes 50 seconds East 293.04 feet; thence leaving said centerline South 79 degrees 16 minutes 45 seconds West 327.78 feet to an iron pin; thence North 26 degrees 50 minutes 48 seconds West 203.17 feet; thence South 77 degrees 21 minutes 03 seconds West 228.76 feet to an iron pin; thence North 0 degrees 05 minutes 21 seconds West 393.77 feet back to the point of beginning. Lying and being situated in the Southwest quarter of the Northeast quarter of Section 28, Township 19 South, Range 1 East, Shelby County, Alabama

Also, an easement for Ingress and Egress,

Commence at the Northwest corner of the Southwest quarter of the Northeast quarter of Section 28, Township 19 South, Range 1 East, Shelby County, Alabama; thence South 0 degrees 05 minutes 20 seconds East along the West boundary line of said 1/4-1/4 section, 393.77 feet to the point of beginning; thence continue South 0 degrees 05 minutes 19 seconds East 423.29 feet; thence South 48 degrees 58 minutes 42 seconds East 340.94 feet to the North right-of-way line of U. S. Highway No. 280 and an iron pin; thence North 83 degrees 49 minutes 46 seconds East along said right-of-way line 40.98 feet to an iron pin; thence leaving said right-of-way line North 48 degrees 58 minutes 42 seconds West 355.09 feet to an iron pin; thence North 0 degrees 05 minutes 20 seconds West 416.33 feet to an iron pin; thence South 77 degrees 21 minutes 03 seconds West 30.74 feet back to the point of beginning. Lying and being situated in the Southwest quarter of the Northeast quarter of Section 28, Township 19 South, Range 1 East, Shelby County, Alabama.

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 14<sup>th</sup> day of AUGUST, 20 14.

Kenneth Roy Blankenship  
POA for Kenneth Roy Blankenship  
MEDICAID CLAIMANT

N/A

SPOUSE

WITNESS: JULIA McLELLAN

WITNESS: SP. McLELLAN

ADDRESS: 1957 HOOVER COURT #306 HOOPER, AL 35226

ADDRESS: 1957 HOOVER COURT #322 HOOPER, AL 35226

TELEPHONE: 205 930 1774 AL

TELEPHONE: 205 823 7010

35226

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Kenneth Roy Blankenship whose name as an Alabama Medicaid claimant, a (single) ~~(married)~~ person, is signed to the foregoing instrument, and his POA ~~(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 14<sup>th</sup> day of August, 20 14.  
(SEAL)

Spudis S. Spunawoay  
NOTARY PUBLIC  
1957 HOOVER COURT #306, HOOPER, AL 35226  
ADDRESS

PREPARED BY: Antonia Hardy  
Opelika District Office  
2015 Gateway Drive, Suite 103

Commission Expires **My Commission Expires**  
**March 8th, 2018**