

STATE OF ALABAMA  
COUNTY OF SHELBY

19960

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Shelby Cnty Judge of Probate, AL  
07/20/2015 12:29:38 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, MATTIE L COLE, ("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:

Commence at the SE corner of the SW $\frac{1}{4}$  of the NE $\frac{1}{4}$ , Section 10, Township 21 South, Range 1 East; thence run West along the South line of said  $\frac{1}{4}$ - $\frac{1}{4}$  Section a distance of 794.15 feet to the point of beginning; thence continue along last described course a distance of 497.05 feet to the East right-of-way line of Shelby County Hwy No. 7; thence turn and angle of 90° 42' 50" to the right and run along said right-of-way a chord distance of 76.10 feet; thence turn an angle of 2° 16' 28" to the left and continue along said right-of-way a distance of 272.35 feet; thence turn an angle of 91° 33' 07" to the right and run a distance of 435.60 feet; thence turn an angle of 91° 33' 07" to the left and run a distance of 200.00 feet; thence turn an angle of 91° 33' 07" to the right and run a distance of 67.32 feet; thence turn an angle of 90° 37' 26" to the right and run a distance of 548.37 feet to the point of beginning. Containing 4.12 acres, more or less.

Subject to easements, restrictions, conditions, and rights of way of record.

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 12 day of June, 2015.

Mattie L Cole  
MEDICAID CLAIMANT

WITNESS: Robert Wayne McPherson  
ADDRESS: 1730 Hwy 70, South, AL  
TELEPHONE: 205-255-5539

SPOUSE

WITNESS: Carolyn Williams  
ADDRESS: 987 Hwy 70 Columbiana, AL 35051  
TELEPHONE: 205-669-3010

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that MATTIE L. COLE whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and N/A (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 12 day of June, 2015.  
(SEAL)

Talania M. Ray  
NOTARY PUBLIC  
987 Hwy 70 Columbiana, AL 35051  
ADDRESS

Commission Expires Jan. 26, 2019

Karen Skelton  
PREPARED BY: Alabama Medicaid  
468 Palisades Blvd  
Birmingham AL 35209