

STATE OF ALABAMA
COUNTY OF Shelby

21540

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Otha M E Averette, ("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:

Lot 9B according to survey of Spain Estate, as shown by map or plat of said subdivision recorded in Map Book 5, at page 35, Office of Judge of Probate of Shelby County, Alabama, less and except a portion of said Lot 9B which has previously been conveyed to the grantees herein, as shown by deed recorded in Deed Book 257 at page 672, in said Probate Office, less and except easements and rights of way of record.

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Shelby Cnty Judge of Probate, AL
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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 23 day of May, 20 17.

OTHA M E AVERETTE
MEDICAID CLAIMANT
Ruth Wyldeman Averette
SPOUSE

WITNESS: _____
ADDRESS: _____
TELEPHONE: _____

WITNESS: _____
ADDRESS: _____
TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Chilton

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Otha M E Averette whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and Ruth Averette (his)(her) spouse, whose name is also signed to said instrument, acknowledged before me on this day that being informed 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 23 day of May, 20 17.
(SEAL)

Sharon M. Moon
NOTARY PUBLIC

300 Medical Center Drive, Clanton, AL 35045
ADDRESS

Commission Expires 09/2020

PREPARED BY: CAROL GARRETT
ALABAMA MEDICAID AGENCY
MONTGOMERY CUST SERV CTR