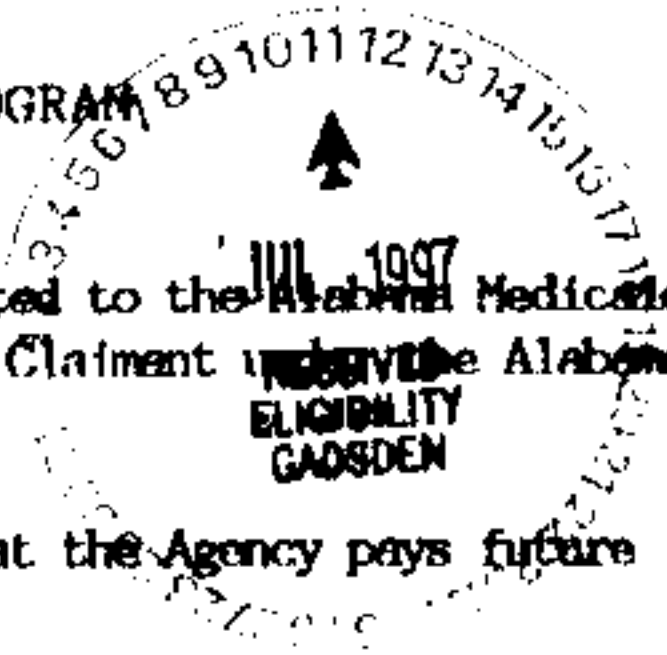


LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM



WHEREAS, BERTIE STEPHENS, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("the 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:

A LOT IN VINCENT, ALABAMA, LYING IN THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER IN SECTION SIXTEEN, TOWNSHIP NINETEEN, RANGE TWO EAST. BEGINNING FORTY YARDS SOUTHEAST OF A BIG LIME SPRING AND RUN EAST WITH VINCENT ROAD ONE HUNDRED FORTY YARDS, THENCE NORTH ONE HUNDRED FORTY YARDS, THENCE WEST ONE HUNDRED FORTY YARDS, THENCE SOUTH ONE HUNDRED FORTY YARDS TO PLACE OF BEGINNING. FOUR ACRES.

Inst # 1997-23926

07/30/1997-23926
01:59 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 SMA 8.50

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. §1396a(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 3 day of July, 19 97.

Bertie Stephens
MEDICAID CLAIMANT

SPOUSE

WITNESS: Tony O. Stephens
ADDRESS: 33817 Co Hwy 83
TELEPHONE: 205-672-7453

WITNESS: Darrell P. Stephens
ADDRESS: P.O. Box 501
TELEPHONE: 205-672-2444

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Tony Stephens whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and Darrell P Stephens (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 3 day of July, 19 97.

(SEAL)

Mary Lee Rynard
NOTARY PUBLIC

25 Henry St - Vincent
ADDRESS

Commission Expires 6-21-2000

PREPARED BY: Masha Cater
ALABAMA MEDICAID AGENCY
ELIGIBILITY DISTRICT OFFICE

P. O. BOX 35 [412 S. 3rd ST.]
GADSDEN, ALABAMA 35902