

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, MINNIE L RUTLEDGE, ("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:

THAT PART OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER, SECTION 16, TOWNSHIP 22, RANGE 3 WEST, AS FOLLOWS, BEGINNING AT A STONE STAKE ON THE EXTREME NORTHEAST OF NO 1 ST ON NIX LANE AND RUNNING EAST A DISTANCE OF 205 FT TO THE EAST CORNER, JOINING THE NIX PROPERTY, THENCE RUNNING SOUTH 107 1/2 FT, THENCE RUNNING SOUTHEAST 100 FT TO A CORNER POST, THEN RUNNING NORTH 172 1/2 FT TO POINT OF BEGINNING, CONTAINING 1/2 ACRE MORE OR LESS.

FILED IN TUSCALOOSA

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 28th day of October, 2009

Minnie L. Rutledge By Jonas E. Rutledge
MEDICAID CLAIMANT *Durable Power of Attorney*

NA
SPOUSE

WITNESS: Ashley R. Houston
ADDRESS: 100 N. Gay St.
TELEPHONE: 334-887-2770

WITNESS: Benjamin S. Jackson
ADDRESS: 100 N. Gay St.
TELEPHONE: (334) 887-4613

STATE OF ALABAMA
COUNTY OF Lee

Minnie L. Rutledge
Jonas E. Rutledge POA
whose

I, the undersigned, A Notary Public in and for said State and County, hereby certify that 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 28 day of October, 2009

(SEAL)

Rachel B. Streetman
NOTARY PUBLIC

100 N. Gay St. Auburn AL 36830
ADDRESS

Commission Expires May 6, 2012

PREPARED BY: ALA MEDICAID AGENCY- JHT
907 22ND AV
TUSCALOOSA, AL 35401