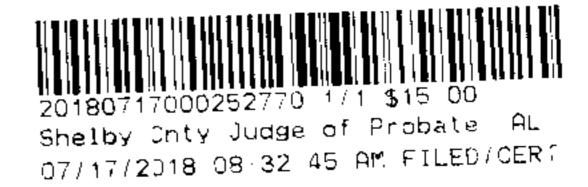
STATE OF ALABAMA COUNTY OF Shelby



LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Tracy Moore	, ("Medicaid Claimant") is justly indebted to	the Alabama Medicaid
Agency ("Agency") to the extent that the Medicaid Program ("the Program"); and	e Agency has paid medical benefits for Medicaid Claims	ant under the Alabama
WHEREAS, Medicaid Claimant m benefits for Medicaid Claimant,	ay hereafter become indebted to the Agency to the extent	t that the Agency pays future
medical benefits under the Program, the SELL, ASSIGN and CONVEY unto the	cure the repayment of said indebtedness and in order for less Medicaid Claimant, joined by (his)(her) spouse, does he Agency, its successors and assigns, a lien for the full doowing described real estate situated in Shelby	ereby GRANT, BARGAIN, ollar value of said medical
Parcel No: 28 5 16 2 009 003.000	Also Known As: 393 Camde	en Cove Cir, Calera
ot 224, according to the Survey of the Fin Office of Shelby County, AL	al Plat of Camden Cove, Sector 9, as recorded in Map Book 3:	3, Page 14, In the Probate
Subject, however to all existing liens n	ow on said property.	
obtained by writing to: Lien Office, Al This lien shall be due and payable upo	in said County. The dollar value of this lien as it may exabama Medicaid Agency, Post Office Box 5624, Montgother the sale, transfer or lease of said property, or upon the excordance with the limitations of 42 U.S.C. s1396a(18) and coordance with the limitations of 42 U.S.C. s1396a(18) and coordance with the limitations of 42 U.S.C. s1396a(18).	omery, Alabama 36103-5624. death of Medicaid claimant,
IN WITNESS WHEREOF, the un this the day of day	dersigned has doly executed this instrument to voluntarily	y grant the aforesaid lien on
 ,	Trace Marie	
	MEDICAID CLAIMANT	
	SPOUSE	
WITNESS:		· · · · · · · · · · · · · · · · · · ·
ADDRESS:		
TELEPHONE:	TELEPHONE:	
(his)(her) spouse, whose name is also	ic in and for said State and County, hereby certify that	is day that being informed of me bears date
	2025 [111]	PLOVIKDY BESSEMY ALJEDDO
PREPARED BY: 4 BOLD	Commission Expires Sades BIVA An ALX 2001	<u> </u>
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Form 220 Revised 1/20/95

Alabama Medicaid Agency