5740 LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

____, ("Medicaid Recipient") is justly indebted to the Alabama Medicaid Agency ("the Agency") to the extent that the Agency has paid medical benefits for Medicaid Recipient under the Alabama Medicaid Program ("the Program"); and

WHEREAS, Medicaid Recipient may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Recipient,

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Recipient to obtain medical benefits under the Program, the Medicaid Recipient, 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 tollar value of said medical benefits paid and to be paid on the following described real estate situated in the following described benefits paid and to be paid, on the following described real estate situated in

> A one acre tract of land situated in the Southeast Quarter (SE1/4) of Southwest Quarter (SW1/4) Section 22, Township 22, Range 3 West more particularly described as follows: Commence at a point where the North boundary of said Southeast Quarter (SE 1/4) of the Southwest Quarter (SW1/4) intersects the East boundary of the Southern Railway Right of Way, and run thence Southwesterly along the East boundary of said Railroad Right of Way Seventy (70) yards to a point; thence easterly and parallel with the North boundary of said quarter-quarter section Seventy (70) yards; thence Northeasterly and parallel with the Right of Way of said Railroad (70) Seventy yards to the North boundary of said Southeast Quarter (SE 1/4) of Southwest Quarter (SW 1/4); thence westerly along the North boundary of said quarterquarter section to point of beginning. Containing 1 acre, more or less.

> > Inst # 1993-25908

08/27/1993-25908 09:33 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 8.50 DOI HED

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: Legal Office, Alabama Medicaid Agency, 2500 Fairlane Drive, Montgomery, AL 36130. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid Recipient, 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 17th day of May Katie Centry by James M. Tingle as Conservator SPOUSE WITNESS: ADDRESS: 2001 Park Place North, Suite 900 ADDRESS: 2001 Park Place North, Suite 900 Birmingham, Al 35203 35203 Birmingham, Al TELEPHONE: 205-324-4400 205-324-4400 TELEPHONE: _ James M. Tingle as Conservator

STATE OF ALABAMA COUNTY OF _ Jefferson

AlaMed 82-4

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Katie Gentry by _ whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and (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.

JUMPHONEM ALAPANA BROOM

Given under my hand and official seal this the 17th day of May (SEAL)

MOTARY PUBLIC

2001 Park Place Worth, Suite 900

Birmingham, Al 39209RESS Commission Expires ______1/25/97

PREPARED BY: ____ ELIGIBILITY DISTRICT CAFICE SA BACKY DEIVE, WOOM 302

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