

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, ADLINE HAYES ("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 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 Lot 3 Block 8 according to Thomas' addition to the Town of Aldrich, Map of which was recorded in the Office of the Probate Judge of Shelby County, Alabama, on February 23, 1944 in Map Book 3, said lot herein conveyed as follows:
Beginning at the Northwest corner of lot 3 Block 8 and run in a southwesterly direction a distance of 52 feet, thence run in a southeasterly direction a distance of 41 feet, thence run in a northeasterly direction a distance of 52 feet, thence run in a northwesterly direction a distance of 41 feet to point of beginning. Said lot being of the former Montevallo Coal Mining Co. of Aldrich, Alabama, subject to easement for light, power and telephone lines and poles, as shown on the said Map: also for water pipes as now situated.

Inst # 1997-22474

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SHELBY COUNTY JUDGE OF PROBATE
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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: 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 15 day of May, 1997.

Henrietta Gilbert
MEDICAID RECIPIENT

AS POWER OF ATTORNEY
FOR ADLINE HAYES

DECEASED
SPOUSE

WITNESS: [Signature]

ADDRESS: P.O. Box 261, Montevallo AL 35115

TELEPHONE: 205-665-4357

WITNESS: [Signature]

ADDRESS: 1215 Oak St., Montevallo, AL 35115

TELEPHONE: 205-665-4200

STATE OF ALABAMA
COUNTY OF SHELBY

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Henrietta Gilbert whose name as an Alabama Medicaid recipient, 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 15 day of May, 1997.

(SEAL)



[Signature]
NOTARY PUBLIC
1215 Oak St., Montevallo, AL 35115
ADDRESS
Commission Expires 2/24/2000

PREPARED BY: VICKIE FOSTER-ALABAMA MEDICAID AGENCY
P.O. BOX 020706
TUSCALOOSA, ALABAMA 35402