

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Nannie McMikel, ("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:

Lots twenty eight (28), twenty nine (29) and thirty  
(30) in Block 11, Subdivision 1, Shelby Highlands at Shelby, Ala. as per plat recorded in  
the Probate Court of said County.

Inst # 1998-45101

11/13/1998-45101

11:01 AM CERTIFIED

Subject, however, to all existing liens now on said property. DO NOT RECORD IN COUNTY JUDGE OF PROBATE  
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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. §1966a(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 24 day of August, 1998.

Nannie McMikel by Sarah Danzy, Power of attorney  
MEDICAID CLAIMANT

SPOUSE

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF \_\_\_\_\_

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Sarah Danzy whose 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 24 day of August, 1998.

(SEAL)

Cynthia H. Klein  
NOTARY PUBLIC  
2400 Roney Rd., Akron, OH 44322  
ADDRESS

Commission Expires CYNTHIA H. KLEIN  
Notary Public, State of Ohio  
My Commission Expires Oct. 28, 2001

PREPARED BY: ALABAMA MEDICAID AGENCY  
55 BAGBY DRIVE ROOM 302  
BIRMINGHAM AL 35209