LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

Lots Treasty eight [28], treasty nine [29] and thirty. (20) in Minds Middleshie Rightsold Rightsold and Shelly Ala. M per last reacted in the Frinate Copyet of and County. Input # 1998-45101 11/13/1998-45101	Agency ("the Agency") to the extent that the Medicald Program ("the Program"); and	, ("Medicaid Claiment") is justly indebted to the Alabama Medicaid me Agency has paid medical benefits for Medicaid Claimant under the Alabama
Service and CONDY unto the Agency, its successors are largely and control the full politic part and state and services and control the Agency, its successors are largely and the following described read estate situated in Shellar when of said and benefits paid and to be paid, on the following described read estate situated in Shellar when of said and benefits paid and to be paid, on the following described read estate situated in Shellar when said and shellar all and the said and t	WHEREAS, Medicaid Claiment may hereafter benefits for Medicaid Claiment,	become indebted to the Agency to the extent that the Agency pays future
Lose treaty eight [32], record at 12 198 100 11 11 11 11 12 13 14 198 15 15 15 15 15 15 15 1	SELL, ASSIGN and CONVEY unto the Agency, its benefits paid and to be paid, on the follow	icaid Claimant, joined by (his)(her) spouse, does hereby (RANT, BARCAIN, s successors and assigns, a lien for the full dollar value of said movides.
(20) In Miller Intilization (1916 Maller Right and at Reily, Alea as per plat rescribed in the Francisco General and County In at a 1998-45101 11/13/1998-		
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Inc. 4 1998-45101 11:01 AN CERTIFIED 11:01 AN CERTIFIED 10:01 CH-1 200 Notice of this Hen will be recorded in said County. The dollar value of this lien as it may exist from time to mae, may be obtained by writing to: Lien Office, Alaboras Hollcald Agency, Peet Office Box 5624, Hantgamery, Alabora 1003-5624. This lien shall be the and may be upon the dollar value of this lien as it may exist from time to mae, may be obtained by writing to: Lien Office, Alaboras Hollcald Agency, Peet Office Box 5624, Hantgamery, Alabora 1003-5624. This lien shall be the same may be cheated as a said property, and the Hollcald Claiment, and shall otherwise be enforceable in accombance with the Hamitations of 62 U.S.C. \$17964(18) IN MINESS, MEREOF, the undersigned has shall executed this instrument to voluntarily grant the aforeward lien on its the 24 day of Agency 19 79 NETICE MEETINGS: WITNESS:		
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SPOUSE INCESS: MITNESS:	IN WITNESS WHEREOF, the undersigned has details the 24 day of August	e mc mikel by Sarah Danzy, Power & atter
RESS: ATERESS:		
EFFENE: TEIFPHINE: THE OF ALABAMA TOTAL Junious Public in and for said State and County, hereby certify that THE OF ALABAMA TOTAL Junious Public in and for said State and County, hereby certify that THE OF ALABAMA TOTAL Junious Public in and for said State and County, hereby certify that THE OF ALABAMA THE O	NECC.	
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NTE OF ALABAMA NTY OF , the undersigned, a Notary Public in and for said State and County, hereby certify that same Medicaid claimant, a (single) (merried) person, is signed to the foregoing instrument, and special property of the person of the contents of the contents of instrument (they) (he) (she) executed the same voluntarily on the day the same boars date. iven under my hand and official seal this the AT day of AUGUST ANDRESS Commission Expires Commission Expires Commission Expires Notary Public, State of Online My Commission Expires Oct. 23, 2001 My Commission Expires Oct. 23, 2001 Aleborate Medicaid Agreeses	RESS:	ADDRESS:
NIY CF , the undersigned, a Notary Public in and for said State and County, hereby certify that ana Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and spouse, whose name is also signed to said instrument, acknowledged before me on this day that being informed of the contents of instrument (they)(he)(she) executed the same voluntarily on the day the same bears date. Iven under my hand and official seal this the Array day of August 1998. Commission Expires Commission Expires Notary Public, State of Online Space Of Alaborate Medicaid Approximately and Alaborately and Alaborate	EPIONE:	TELEPHONE:
the undersigned, a Motary Public in and for said State and County, hereby certify that the page of the contents of the content		
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PARED BY: ALABAMA MEDICALD AGENCY SE BAGRY DRIVE ROOM 302 GRAFMIGHAM AL 35209 COMMISSION Expires CVNTHIA H; KLEIN Notary Public, State of Online My Commission Expires Oct. 28, 2001 Alabama Medicald Agency		2400 KINCEL STRONG OH 443
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