

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Mary Ward, ("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:

Shelby

County, Alabama, to-wit:

A portion of Lots 52 and 53, Block F according to plat of Ellis Addition to East Montevallo being more particularly described as follows: Commence at the intersection of the North line of Commerce Street with the West line of Dauphin Street and run thence in a north-westerly direction along Dauphin Street a distance of 85 feet to a point; thence run in a Westerly direction and parallel with Commerce Street a distance of 74.20 feet to a point; thence run in a southerly direction and parallel with Dauphin Street 85 feet to the northerly line of Commerce Street; thence run in an easterly direction along the Northerly line of Commerce Street a distance of 74.20 feet to point of beginning.

04/05/1999-14284  
01:06 PM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE  
001 HHS 8.50

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: 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. §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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

MEDICAID CLAIMANT

SPOUSE

WITNESS: Monique Moore BSW  
ADDRESS: 820 Golf Course Rd  
TELEPHONE: (205) 425-3241

WITNESS: Willie H. Balling  
ADDRESS: 90 Helmerick Circle  
TELEPHONE: 205-1665-2100

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Mary Ward whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and her (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 29th day of October, 1998

(SEAL)

Janet F. Anderson  
NOTARY PUBLIC  
345 Main Street Montevallo  
ADDRESS at 35115  
Commission Expires 11-8-2000

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