

STATE OF ALABAMA  
COUNTY OF

9932

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Agnes Davis, ("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 asset, to-wit:

Seven Hundred Twenty (720) shares of common stock of Columbiana Banshares, Inc., Columbiana, Alabama. Said shares were issued in the sole name of Agnes Davis on December 8, 2000. A copy the Certificate for shares is attached hereto as Exhibit I.

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 shares 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 23<sup>rd</sup> day of February, 2001.

Agnes V. Davis  
MEDICAID CLAIMANT

\_\_\_\_\_  
SPOUSE

Inst # 2001-30733

07/24/2001-30733  
12:59 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MSB 11.00

WITNESS: James McKenna  
ADDRESS: 9733 Bankster Rd  
Dora, AL 35062  
TELEPHONE: (205) 590-1775

WITNESS: Paul Whinn  
ADDRESS: 9733 Bankster Rd  
Dora, AL 35062  
TELEPHONE: (205) 590-1775

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I, the undersigned, a Notary Public in and for said State and County, hereby certify that Agnes Davis whose name as an Alabama Medicaid Claimant, a (single) (married) person, is signed tot he foregoing instrument, and N/A (his)(her) spouse, whose name is also signed to said instrument, acknowledge 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 23<sup>rd</sup> day of February, 2001.

Amelia A. Reynolds  
NOTARY PUBLIC

3460 Manor Lane #303  
ADDRESS  
Homewood, AL 35209

Commission Expires: August 26, 2001

PREPARED BY:

ALABAMA MEDICAID AGENCY  
501 DEER AVENUE  
P.O. BOX 5624  
MONTGOMERY, AL 36103-5624