

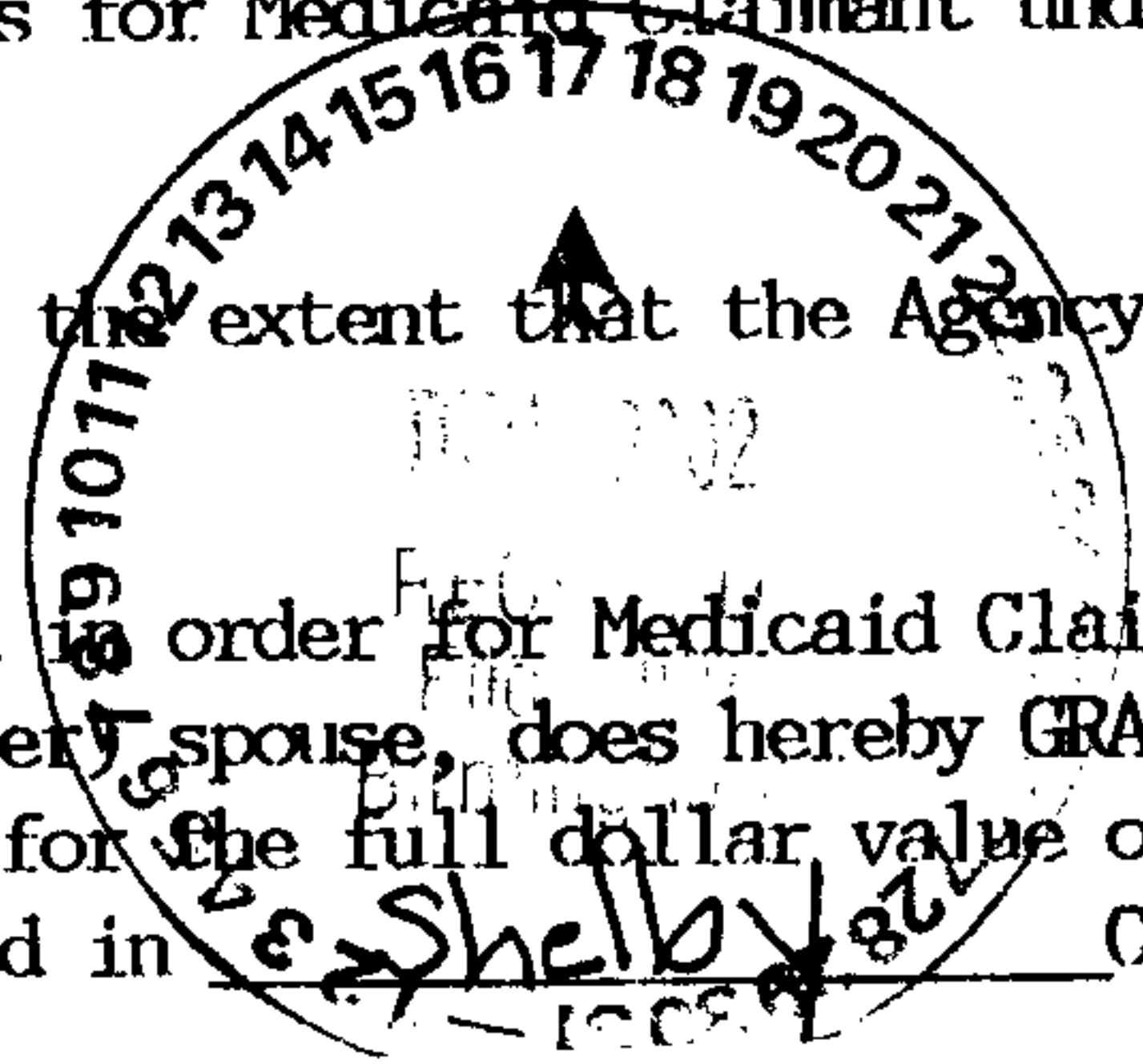
10975

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Eloise Joiner, ("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:



20030110000021620 Pg 1/1 11.00
Shelby Cnty Judge of Probate, AL
01/10/2003 15:21:00 FILED/CERTIFIED

Commence at the Northwest corner of Sec. 8, Township 21 S, R 1 W, Shelby County, Alabama and run in an Easterly direction along the North line of said section a distance of 667.06 feet to a point; thence deflect 90°13'21" and run to the right in a Southerly direction a distance of 1934.67 feet to the point of beginning of the herein described parcel; thence continue along last described course in a Southerly direction of 484.89 feet to a point on the Northeasterly right-of-way of Shelby County Highway #34; thence turn an interior angle of 48°05'11" to the tangent of a curve to the right having a central angle of 1°44'42" and a radius of 3234.04 feet and run along the arc of said curve in a Northwesterly direction along said Northeasterly right-of-way a distance of 98.50 feet to a point; thence run tangent to last described curve in a Northwesterly direction along said right-of-way a distance of 236.27 feet to a point; thence turn an interior angle of 90°00'00" and run to the right in a Northeasterly direction a distance of 352.30 feet to the point of beginning of the herein described parcel containing 1.36 acres more or less.

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 13 day of DECEMBER, 2002

Eloise Joiner
MEDICAID CLAIMANT

SPOUSE deceased

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, Alabama Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and (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 instrument bears date.

Given under my hand and official seal this the 13 day of DECEMBER, 2002.
(SEAL)

Sue Thompson

ALABAMA MEDICAID AGENCY
486 PALISADES BLVD
BIRMINGHAM, AL 35209-5154

PREPARED BY:

I certify that Eloise Joiner whose name as an instrument, and (his) on this day that being informed of the contents of the instrument bears date.

NOTARY PUBLIC

6/09 Blue Creek Rd. Brookwood AL 35444

ADDRESS

Commission Expires 5/13/2005