

WHEREAS, Louise A. Jones ,("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 to wit:
Lot 24, Brookhollow Second Sector, as recorded in Map Book 17 page 141 in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

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.§1396(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 7th day of January, 2003.

Louise A. Jones
MEDICAID CLAIMANT
Louise A. Jones by Carole Cook P.O. A.
SPOUSE

WITNESS: William Blair

WITNESS: Donna Martin

ADDRESS: 200 Hwy 99 Shelly AL 35143

ADDRESS: 17456 Hwy 145 Shelly AL 35143

TELEPHONE: 205 669-7750

TELEPHONE: 669-6553

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Louise A. Jones whose name as an Alabama Medicaid Claimant, a (single) (married) person, is signed to the foregoing instrument, and Carole Cook POA (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 7th day of January, 2003.

M. J. P. L.
NOTARY PUBLIC
3145 HWY 31 S Pelham AL 35124
ADDRESS
Commission Expires MY COMMISSION EXPIRES JULY 17, 2005

PREPARED BY: Alabama Medicaid Agency
486 Palisades Blvd
Birmingham, AL 35209