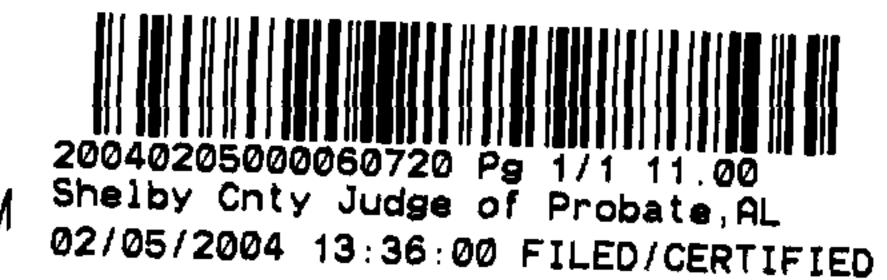
Revised 1/20/95

11705

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM



Alabama Medicaid Agency

"Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("the), WHEREAS, Louise A. Jones 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	
Louise A. Jones Smise MEDICAIDCLAIMANT by Curule Cont P.O. A.	
WITNESS: Mellen Blad	WITNESS: I ome Marter
ADDRESS: 200 Aug 99 Shelly al 3514	3 ADDRESS: 17456 Hay 145 Shelly 15
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 Lacele Cook PDA whose name as an Alabama Medicaid Claimant, a (single) (married) person, is signed to the foregoing instrument, and (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 the7# day	NOTARY PUBLIC
PREPARED BY: Alabama Medicaid Agency 486 Palisades Blvd Birmingham, AL 35209	3145 HWY 31 S Pelham ITC 35124 ADDRESS Commission Expires MY COMMISSION EXPIRES JULY 17, 2005
Form 220	Δlahama Madicaid Agency