

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Ann G Culver, ("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:

Lot No. 3 in Block No. 1, according to J. H. Dunstan's survey map of the Town of Calera, Alabama, said lot fronts 75 feet on Court Street and 65 feet on rear of lot, being 150 feet deep.

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 30th day of June, 2004

Ann Culver
MEDICAID CLAIMANT

WITNESS: Julie Palmer
ADDRESS: 2020 N Country Club Dr
TELEPHONE: 263-1643

SPOUSE

WITNESS: Eva H. Clewett
ADDRESS: 2020 N Country Club Dr
TELEPHONE: 263-1643

STATE OF ALABAMA
COUNTY OF Montgomery

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Ann Culver whose name as an Alabama Medicaid claimant, a (single) ~~(married)~~ person, is signed to the foregoing instrument, and NA (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 30th day of June, 2004
(SEAL)

Doug Mitchell
NOTARY PUBLIC
645 Eastern Boulevard
Montgomery AL 36117
Commission Expires 10/05/07

PREPARED BY: ALABAMA MEDICAID AGENCY
MONTGOMERY DISTRICT OFFICE
P O BOX 5624
MONTGOMERY AL 36103-5624