LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Verbalene Brasher , ("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:

Beginning at the Northeast Corner of SE1/4 of NW1/4, Sec.11, Township 18, Range 1 East. Run West 210 feet to the starting point of the following described lot. Thence West 90.71 feet; thence South 210 feet; thence East 90.71 feet; thence North 210 ft To the starting point, being a part of the SE1/4 of NW 1/4 Sec.11, Tp.18, Range 1 East, Shelby County, Alabama.

LESS THE FOLLOWING:

Commence at the NE Corner of the SE1/4 of the NW1/4 of Section 11, Township 18 South, Range 1 East, Shelby County, Al.; then SO 05'20" W, a distance of 210.00'; thence N87 50'20"W, a distance Of 210.00'; thence continue westerly along said line, a distance of 143.00'; thence S02 10'20"W, A distance of 79.95' to the point of beginning; thence N87 50'03"W, a distance of 128.05'; thence SO2 06'34"W, a distance of 337.00'; thence S87 50'03"E, a distance of 127.68'; thence NO2 10'20"E, A distance of 127.68'; thence NO2 10'20"E, a distance of 337.00' to the point of beginning.

Containing 0.99 acres, more or less.

20060515000227610 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 05/15/2006 12:21:25PM FILED/CERT

Subject, however, to all existing liens now on said property.

PREPARED BY:

Revised 1/20/95

Form 220

Alabama Medicaid Agency

Birmingham, AL 35209

486 Palisades Blvd

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 undersilien on this the day ofApril		to voluntarily, er 2014 he encresaid
	SPOUSE	Richard G. S.
WITNESS:	SS:	
ADDRESS:	SS:	
TELEPHONE:	TELEPHONE:	
STATE OF ALABAMA COUNTY OF Shell I, the undersigned, a Notary Public in and for an Alabama Medicaid Claimant, a (single) (married) per (her) spouse, whose name is also signed to said instrurinstrument (they)(he)(she) executed the same voluntaring Given under my hand and official seal this the	rson, is signed to the foregoing instrument, and ment, acknowledged before me on this day that lily on the day, the same bears date. e day of	, 20 <u></u>
> Jackson		NOTARY PUBLIC BOX 1460 Pell City, AC 35125 ADDRESS'

Commission Expires

February 8, 2007

Alabama Medicaid Agency