

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Jo Ann Witt, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("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. 14 in Coosa River Estates, situated in the SW 1/4 of SE 1/4 of Section 12, Township 24, Range 15 East map of said Coosa River Estates being recorded in Map Book 4, page 67 in the Probate Office of Shelby County, Alabama. Excepting the coal, iron ore and other mineral in, on and under said land.

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. s1396a(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 30 day of January, 2009.

Jo Ann Witt Sue Brown  
MEDICAID CLAIMANT

SPOUSE

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF Jefferson

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Jo Ann Witt, H 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 the 30 day of January, 2009.  
(SEAL)

Jamala S. Jones  
NOTARY PUBLIC  
4201 Bell Super Hwy Box 61  
ADDRESS 35020

Commission Expires \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

P J JACKSON  
ALABAMA MEDICAID AGENCY  
BIRMINGHAM DISTRICT OFFICE  
468 PALISADES BLVD.  
BIRMINGHAM, AL 35209-5154

NOTARY PUBLIC STATE OF ALABAMA  
MY COMMISSION EXPIRES: May 22, 2011  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Alabama Medicaid Agency