

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, ALYCE MELTON, ("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:

A PART OF LOT NUMBER THEN (10) OF STORRS ADDITION TO THE TOWN OF MONTEVALLO, SHELBY COUNTY, ALABAMA, ACCORDING TO THE PLAT OF SAID STORRS ADDITION AS RECORDED IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, SAID PART BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT THE WEST CORNER OF SAID LOT, RUN ALONG THE SOUTHWEST BOUNDARY THEREOF 82 1/2 FEET FOR A POINT OF BEGINNING, RUN THENCE IN A NORTHEASTERLY DIRECTION PARALLEL TO THE NORTHWEST BOUNDARY OF SAID LOT NO. TEN (10), ONE HUNDRED AND THEN FEET TO THE NORTHEAST BOUNDARY OF SAID LOT; RUN THENCE IN A SOUTHEASTERLY DIRECTION ALONG THE NORTHEAST BOUNDARY OF SAID LOT 42 FEET 7 1/2 INCHES TO THE NORTHWEST BOUNDARY OF THE SCHOOL LOT, WHICH IS EIGHTY (80) FEET FROM THE NORTHWEST BOUNDARY OF ISLAND STREET; RUN THENCE IN A SOUTHWESTERLY DIRECTION ALONG THE NORTHWEST BOUNDARY OF THE SCHOOL LOT, ONE HUNDRED AND THEN FEET TO THE SOUTHWEST BOUNDARY OF SAID LOT NO. 10 (10), RUN THENCE IN A NORTHWESTERLY DIRECTION ALONG THE SOUTHWEST BOUNDARY OF SAID LOT NO 10 (10) TO POINT OF BEGINNING.

TAKEN FROM DEED BOOK 152 PAGE 219  
ALYCE MELTON BEING THE HEIR OF ELECTA THRIFT, THE ORIGINAL OWNER.

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 10 day of May, 20 10.

Alyce Melton  
MEDICAID CLAIMANT

WITNESS: Heath  
ADDRESS: 545 Main St  
TELEPHONE: 665-2555

SPOUSE  
WITNESS: Paul Eastling  
ADDRESS: 545 Main St.  
TELEPHONE: 665-2555

STATE OF ALABAMA  
COUNTY OF Bibb

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Alyce Melton 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 10 day of May, 20 10.  
(SEAL)

Wendy Byrnes  
NOTARY PUBLIC  
545 Main Street  
ADDRESS

PREPARED BY: JHT- ALA MEDICAID AGENCY  
907 22ND AV  
TUSCALOOSA, AL 35401

Commission Expires **MY COMMISSION EXPIRES 10/31/2011**