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20100706000213160 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 07/06/2010 12:07:03 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Edna L Hallmark , ("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:

From the SE corner of the SW½ of SW½ of Section 19, Township 18 South, Range 2 East, run Westerly along the South boundary line of the SW½ of Sw½ of Section 19, for 293.03 feet to a point on the West right of way line of Alabama State Highway No. 25 for the point of beginning of land herein described; thence continue Westerly along the South boundary line of the SW½ of the SW½ of Section 19 for 297.60 Feet; thence turn an angle of 65 deg. 48' to the right and run Northwesterly for 236.83 feet; thence turn an angle of 93 deg. 17' to right and run Northeasterly 270.61 feet, more or less, to a point on the West right of way line of Alabama State Highway No. 25; thence turn an angle of 86 deg. 33' to right and run Southeasterly along the West right of way line of said Alabama State Highway No. 25 for 343.30 feet, more or less, to the point of beginning, being a part of the SW½ of SW½ Section 19, Township 18 South, Range 2 East, 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. s1396a(18) as the same may be amended.

IN WITHESS WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on
this the day of
Edna S. Hallmork by Horri Doth Simbough, POA
MEDICAID CLAIMANT
Decensell
WITNESS: MAN L LONG WITNESS: MANY COMMA
ADDRESS: 10 James Payton Bluck ADDRESS: 10 James B Payton 614.
TELEPHONE: 250249-1142 TELEPHONE: 250249-1142
TELEPHONE: SELEPHONE:
STATE OF ALABAMA
I, the undersigned, A Notary Public in and for said State and County, hereby certify that Orri Limbauguhose
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 day of the day of the day of the same bears date.
Given under my hand and official seal this the day of t
WILL STARISH BEALL OF THE STARISH OF
SON WIND HOUSE
My Comm. Expires 1 Aug Co. 12 PUBLIC
July 20, 2011 W D WHON DIVU SHUCANA 1 , , C
ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
Comprission Expires AULA O. O
PREPARED BY: Terry Elders Alabama Medicaid Agency Authurn District Office
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