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20100730000244120 1/2 \$15.00 Shelby Cnty Judge of Probate, AL 07/30/2010 02:35:31 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

- " -	UNICE I RAWLINGS	("Medicaid Claimant") is jus	tly indebted to the Alabama	a Medicaid	
Medicaid Progra	cy") to the extent that the Agency am ("the Program"); and	nas paid medical benefits for M	edicaid Claimant under the	Alabama	
WHEREAS, benefits for Med	, Medicaid Claimant may hereafte licaid Claimant.	er become indebted to the Agenc	y to the extent that the Age	ncy pays future	
medical benefits SELL, ASSIGN	herefore, in order to secure the regular under the Program, the Medicaid and CONVEY unto the Agency, d to be paid, on the following design.	d Claimant, joined by (his)(her) s its successors and assigns, a lier	spouse, does hereby GRAN's for the full dollar value of	T, BARGAIN,	
		Caracananana i i Titanananananananananan i i iyaasaananananana i isaasaanananan ii isaasaananan ii isaasaanana	······································	······································	
				i	
TRACTS 4, 5, OF SHELBY COUN	, AND 10 ACCORDING TO LUQUIRE	SURVEY AS RECORDED IN MAP BO	OK 7, PAGE 151, IN THE PROB	ATE RECORDS	
OF SHEEDT COOK	III, ALADAIVIA.				
Less and	Except that proper	ty described on Ex	chibit A attache	dhereto	
Subject, however	r to all existing liens now on said	property.			
This lien shall be	s lien will be recorded in said Coning to: Lien Office, Alabama Med due and payable upon the sale, to ise be enforceable in accordance w	dicaid Agency, Post Office Box 5 ransfer or lease of said property.	5624, Montgomery, Alaban or upon the death of Medic	na 36103-5624. caid claimant	
IN WITNESS	S WHEREOF, the undersigned ha	as duly executed this instrument			
this the 1974	day of May	macas. Kan			
	BY	MEDICAID CLAIMANT	15 POH		
		NA			
WITNESS:	2/2-	SPOUSE WITNESS:			
ADDRESS:		ADDRESS:			
TELEPHONE:		TELEPHONE: _			
STATE OF ALA: COUNTY OF	offerson	**************************************			
i. the unde ts igname as an Alaba	gned. A Notary Public in and for man Medicaid claimant, a (single) whose name is also signed to sai	said State and County, hereby communication (married) person, is signed to the	ertify that Ettice Rose e foregoing instrument, and	The whose Race	Jues
me contents of sai	ra msu ument (mey)(ne)(sne) exe	culed the same voluntarily on the	e day the same hears This	ig informed of	POA
Given under i (SEAL)	my hand and official seal this the		<u>1</u>		
			alone 6		
			NOTARY PUBLIC		
		TY COMMUS	SION EXPIRES APRIL 19, 2014		
PREPARED BY	M Crump BIRMINGHAM DISTF		ion Expires		
	468 PALISADES BLV	D.			
	BIRMINGHAM AL 3	35209-5154			

Form 220 Revise

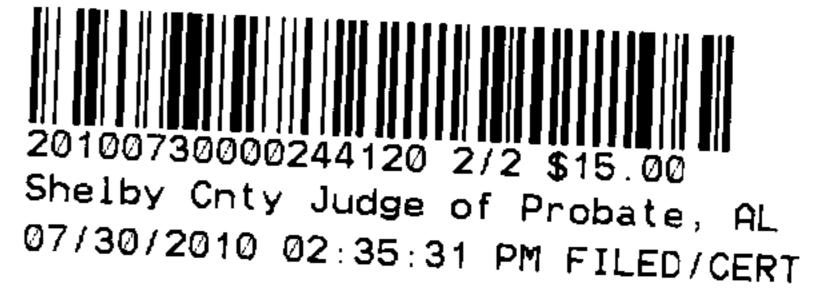


EXHIBIT A LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Less and Except:

31.39% of all that portion of Tract 10 lying in Section 6, Township 22 South, Range 1 East, identified as Shelby County Tax Assessor's Parcel Number: 30-306000001002

Less and Except:

All that portion of Tract 10 lying in Section 5, Township 22 South, Range 1 East, identified as Shelby County Tax Assessor's Parcel Number: 30-305000005005.