

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, EUNICE I RAWLINGS, ("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:

TRACTS 4, 5, AND 10 ACCORDING TO LUQUIRE SURVEY AS RECORDED IN MAP BOOK 7, PAGE 151, IN THE PROBATE RECORDS OF SHELBY COUNTY, ALABAMA.

Less and Except that property described on Exhibit A attached hereto.

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 19th day of May, 2010.

Eunice I. Rawlings  
BY W.R. Rawlings AS POA  
MEDICAID CLAIMANT

N/A  
SPOUSE

WITNESS: [Signature]  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF Jefferson

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Eunice Rawlings whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and W.R. Rawlings (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 19 day of May, 2010.  
(SEAL)

Charles H. [Signature]  
NOTARY PUBLIC

MY COMMISSION EXPIRES APRIL 19, 2014

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

PREPARED BY M Crump  
BIRMINGHAM DISTRICT OFFICE  
468 PALISADES BLVD.  
BIRMINGHAM AL 35209-5154

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

**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: 30-3060000001002**

**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: 30-3050000005005.**