

STATE OF ALABAMA
COUNTY OF Shelby

19186

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Lola Champion, ("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:

Begin at the SE corner of the SW $\frac{1}{4}$ of SW $\frac{1}{4}$, Section 11, Township 18, Range 1 East and run West, 537 feet; thence North, 76 feet to starting point; thence West, 125 feet, more or less to road property; thence in a northwesterly direction 24 feet; thence East, 126 feet, more or less; thence South, 24 feet to starting point.

A L S O

Begin at the SE corner of the SW $\frac{1}{4}$ of SW $\frac{1}{4}$, Section 11, Township 18, Range 1 East and run West, 420 feet to the starting point of the following described tract of land; thence North, 100 feet; thence West, 117 feet; thence South, 100 feet; thence East, 117 feet to the starting point. Being a part of the SW $\frac{1}{4}$ of SW $\frac{1}{4}$, Section 11, Township 18, Range 1 East, 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 WITNESS WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on this the 21st day of May, 2014.

Lola Champion by Sue Brasher Legal Guardian
MEDICAID CLAIMANT

Deceased

SPOUSE

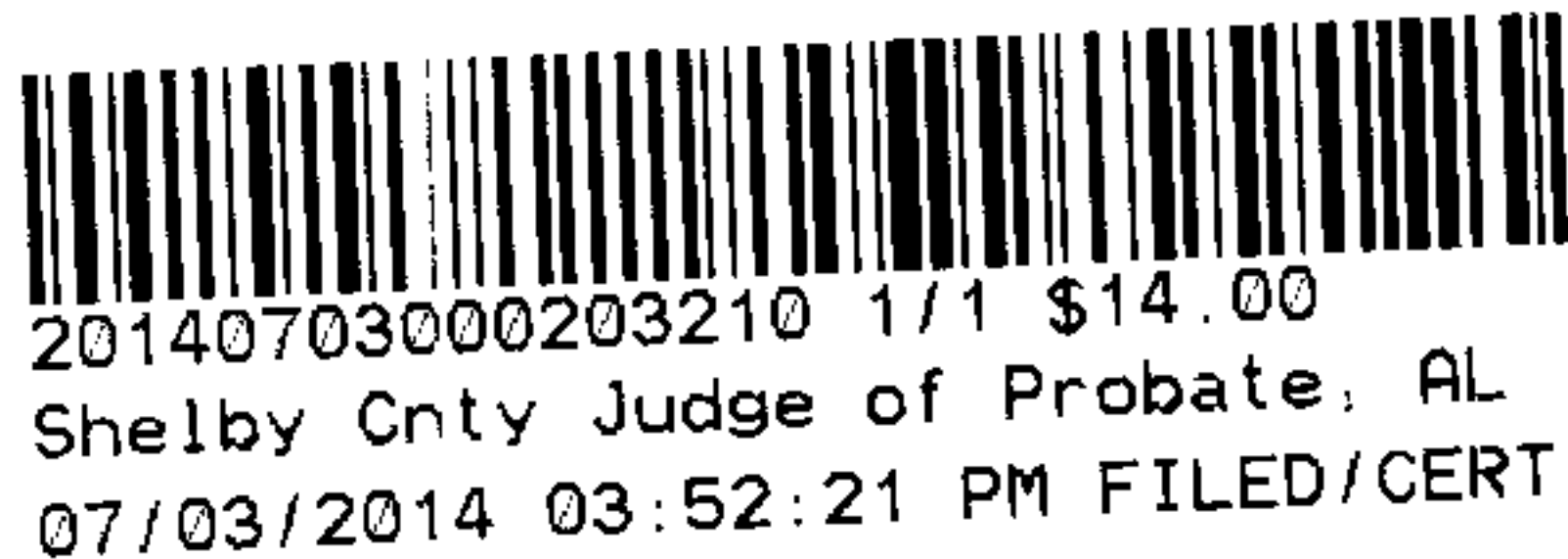
WITNESS: Sharon E Thompson
ADDRESS: 1800 Corporate Dr
TELEPHONE: [REDACTED]

WITNESS: C. A. M.
ADDRESS: 1300 CORPORATE DR., B'ham, AL 35242
TELEPHONE: [REDACTED]

STATE OF ALABAMA
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I, the undersigned, A Notary Public in and for said State and County, hereby certify that Lola Champion whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and DECEASED (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 21st day of MAY, 2014.
(SEAL)



Pat McDonald
NOTARY PUBLIC

1300 CORPORATE DR., B'ham, AL 35242
ADDRESS

Commission Expires 7-14-15

PREPARED BY: Arlinda Foster
214 E. College Street
Florence, Alabama 35630