Whereas, Kenneth Blankenship

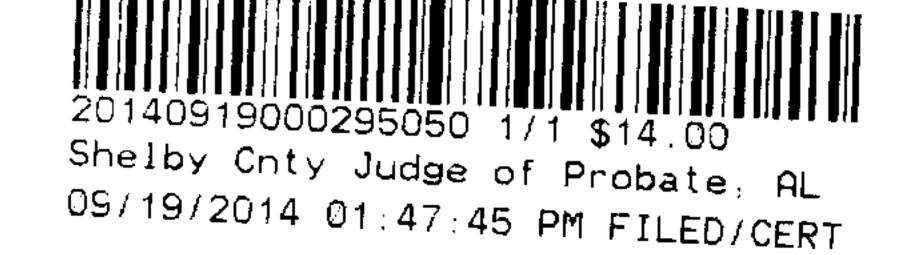
Medicaid Program ("the Program"); and

Form 220 Revise Opelika, AL 36801

benefits for Medicaid Claimant,



, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid



LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

WHEREAS, Medicaid Claimant may hereafter become indebted to the Agency to the extent that the Agency pays future

medical benefits under the Program, the Medicaid Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN,

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Claimant to obtain

Agency ("Agency") to the extent that the Agency has paid medical benefits for Medicaid Claimant under the Alabama

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 Northwest corner of the Southwest quarter of the Northeust quarter of Section 24. Township 19 South, Range 1 East, Shelby County, Alabama; thence East along the North houndary line of said 1/4-1/4 Section, 340.00 feet to the centerline of a branch; thence South 42 degrees 05 minutes 14 seconds East along said centerline 264.97 feet; thence continue along said-ecuterline South 24 degrees 10 minutes 50 seconds East 293,04 feet; thence leaving said centerline South 79 degrees 16 minutes 45 seconds West 327.78 feet to an front piu; thence-North 26 degrees 50 minutes 48 seconds West 203.17 feet; thence South 77 degrees 21 minutes 03 seconds West 228.76 feet to an iron pin; thence North 0 degrees 05 minutes 21 seconds West 393.77 feet back to the point of heginning. Lying and being situated in the Southwest quarter of the Northeast quarter of Section 28, Township 19 South, Range 1 East, Shelby County, Alabama Also, an ensement for ingress and Egress, Commence at the Northwest corner of the Southwest quarter of the Northeast quarter of Section 28, Township 19 South, Range I East, Shelby County, Alabama; thence South 0 degrees 05 minutes 20 seconds East along the West boundary line of said 1/4-1/4 section, 393.77 feet to the point of beginning; thence continue South 0 degrees 05 minutes 19 seconds East 423.29 feet; thence South 48 degrees 58 minutes 42 seconds East 340.94 feet to the North right-of-way line of U.S. Highway No. 280 and an iron pin; thence North 83 degrees 49 minutes 46 seconds East along said right-of-way line 40.96 feet to an iron pin; thence leaving said right-of-way line North 48 degrees 58 minutes 42 seconds West 355.09 feet to an iron pin; thence North 0 degrees 05 infautes 20 seconds West 416.33 feet to an iron pin; thence South 77 degrees 21 minutes 9.3 seconds West 30.74 feet back to the point of beginning. Lying and being situated in the Southwest quarter of the Northeast quarter of Section 28, Township 19 South, Range I 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 AUGUST this the day of Up for farmeth by Stanken his MEDICAID CLAIMANT SPOUSE WITNESS: HOOVER (QUET#322 HOOVER, AL 355226 14306 HOWEV, ADDRESS: TELEPHONE: W5 930 TELEPHONE: 35226 STATE OF ALABAMA I, the undersigned, A Notary Public in and for said State and County, hereby certify that Kenneth Ren Blanksuch. But whose whose COUNTY OF Shelby name as an Alabama Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and his PoA (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 Auctist (SEAL) NOTARY PUBLIC 1957 Hoover Court #306, Hoover, # 35226 **ADDRESS** Commission Expires My Commission Expires PREPARED BY: Antonia Hardy Opelika District Office March 8th, 2018 2015 Gateway Drive, Suite 103

Alabama Medicaid Agency