

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

| Whereas, Leavis Sprailey, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("Agency") to the extensibat the Agency has paid medical benefits for Medicaid Claimant under the Alabama | |
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| Medicaid rogram ("the Program") and WEREAS, Medicaid Claimant may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Claimant, | |
| NOW, therefore the order to state the repayment of said indebtedness and in order for Medicaid Claimant to obtain medical benefits under the Program, at Medicaid Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN, SELL COSIGN and CONVEY until the Agency, its successors and assigns, a lien for the full dollar value of said medical benefits to hand to be paid, on the allowing described real estate situated in Shelby County, Alabama to-wit: | |
| See attached Deed: | |
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| 20160425000134110 1/2 \$17.00 | |
| Shelby Cnty Judge of Probate, AL 04/25/2016 11:40:33 AM FILED/CERT | |
| 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 | |
| MEDICAID CLAIMANT | |
| WITNESS: SPOUSE WITNESS: | |
| ADDRESS: 120 M/2219-8-1-B NOW M ADDRESS: TELEPHONE: | |
| STATE OF ALABAMA COUNTY OF SHELBY I, the undersigned, A Notary Public in and for said State and County, hereby certify that Alabama Madigaid elaiment, a (single) (married) parson, is signed to the foregoing instrument, and | |
| name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and | |
| (SEAL) NOTARY PUBLIC 1. | |
| 1201- 22 m25t N. Bham, M. 352 ADDRESS | 3≻ |
| PREPARED BY: Andrea S. Nall 907 22nd Avenue Commission Expires 12-18-2017 | |
| Tuscaloosa, AL 35405 | |

.(Seal) STATE OF ALABAMA General Acknowledgment SHELBY COUNTY on the day the same bears date.

Notary Public.

FM# ATC-2