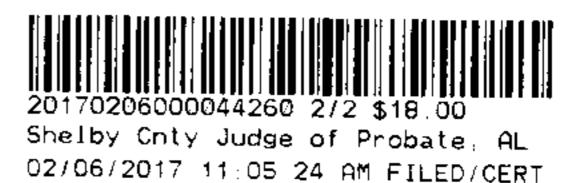
STATE OF ALABAMA COUNTY OF Shelby

20170206000044260 1/2 \$18 00 Shelby Cnty Judge of Probate: AL 02/06/2017 11:05:24 AM FILED/CERT

## LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Leroy V Isbell	, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid
Agency ("Agency") to the extent that the Agency ("the Program"); and	by has paid medical benefits for Medicaid Claimant under the Alabama
WHEREAS, Medicaid Claimant may herea benefits for Medicaid Claimant,	fter become indebted to the Agency to the extent that the Agency pays future
medical benefits under the Program, the Medica	repayment of said indebtedness and in order for Medicaid Claimant to obtain aid Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN, y, its successors and assigns, a lien for the full dollar value of said medical escribed real estate situated in Shelby County, Alabama
SEE ATTACHED EXHIBIT "A"	
Subject, however to all existing liens now on sa	aid property.
obtained by writing to: Lien Office, Alabama M This lien shall be due and payable upon the sale	County. The dollar value of this lien as it may exist from time to time, may be Medicaid Agency, Post Office Box 5624, Montgomery, Alabama 36103-5624. It is, transfer or lease of said property, or upon the death of Medicaid claimant, see with the limitations of 42 U.S.C. s1396a(18) as the same may be amended.
this the 20 day of October	thas duly executed this instrument to voluntarily grant the aforesaid lien on  LUL 2010.  MEDICAID CLAIMANT
MITNESS: Cothy Ville ADDRESS: 504 Rung House Ro	SPOUSE WITNESS: DEDOVAL Où Ver ADDRESS: 3016 PUMP (Douse Rd Thom, A) TELEPHONE: 205-967-1010 3524
(his)(her) spouse, whose name is also signed to the contents of said instrument (they)(he)(she)	for said State and County, hereby certify that Some Fostur Powhose gle) (married) person, is signed to the foregoing instrument, and said instrument, acknowledged before me on this day that being informed of executed the same voluntarily on the day the same bears date.  the
	Charlatte A. Hosola NOTARY PUBLIC 3008 Purys House Rd. Bhan AL 35 2 43 ADDRESS
PREPARED BY: Alabama Medicaid Agency 468 Palisades Blvd Birmingham, AL 35209	Commission Expires  CHARLOTTE A HOOTON  My Commission Expires
Form 220 Revised 1/20/95	April 19, 2018  Alabama Medicaid Agency

EXHIBIT "A"



Commence at the Southeast corner of the NW ¼ of the SW ¼ of Section 10, Township 18 South, Range 1 East for the point of beginning; thence West along the South line of said ¼-¼ section 538.04 feet to the western boundary of Tract 3; thence continue on said South line a distance of 208.67 feet; thence 52 degrees 42 minutes 23 seconds to the right Northeasterly for a distance of 451.15 feet to the center line of a 30 foot easement; thence 91 degrees 24 minutes 20 seconds to the right southeasterly along the centerline of the said 30 foot easement a distance of 166.06 feet; thence left approximately 77 degrees 12 minutes 08 seconds northeasterly a distance of 182.10 feet; thence left 115 degrees 37 minutes 11 seconds in a northwesterly direction a distance of 100.04 feet; thence to the left in a westerly direction a distance of 78.54 feet; thence 80 degrees 57 minutes 02 seconds to the right in a northerly direction a distance of 830.78 feet; thence to the right 76 degrees 32 minutes 15 seconds a distance of 158.71 feet in an easterly direction; thence to the right 92 degrees 33 minutes 35 seconds for a distance of 1320 feet to the point of beginning.