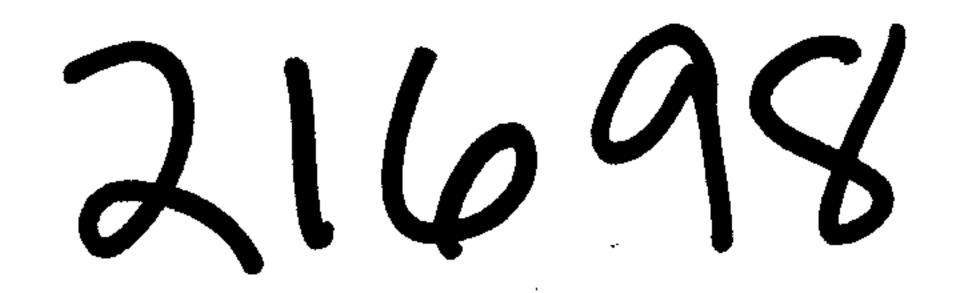
POOR QUALITY STATE OF ALABAMA COUNTY OF SHELBY



LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Judith Spence ———————————————————————————————————	
Agency ("Agency") to the extent that the Agency has paid medical benefits for Medicaid (ted to the Alabama Medicaid
seporal (reporal) to me aviour more firms reported and further triangle of parameter to terransone a	Claimant under the Alabama
Medicaid Program ("the Program"); and	
WHEREAS, Medicaid Claimant may hereally become indebted to the Agency to the	extent that the Agency pays future
benefits for Medicaid Claimant,	
	Con bifordianid Maineaut ta abtain
NOW, therefore, in order to secure the repayment of said indubtedness and in order	
medical benefits under the Program, the Medicald Claimant, joined by (his)(her) spouse, d	
SELL, ASSIGN and CONVEY unto the Agency, its successors and assigns, a lien for the	
benefits paid and to be paid, on the following described real estate situated in Shelby	County, Alabama
to-wit:	
Lot 6 according to the aurvey of Roberts Subdivision in the corporate distants of	Anantavalla Alabama
as recorded in Kanp Rook S. Page 109, and Map Book & Page 1, in the Probate Cities	revers true, response of Sheiby County.
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She	lby Cnty Judge of Probate, AL
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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 n	
obtained by writing to: Lien Office, Alabama Medicaid Agency, Post Office Box 5624, M	ontgomery, Alabama 36103-5624.
This line shall be due and marchia amen the sale transfer salesses of said areasons, or many	
I his hen shall be due and payable upon the sale, transfer of 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.
and shall otherwise be enforceable in accordance with the limitations of 42 U.S.C. s1396ad IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume	(18) as the same may be amended.
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and shall otherwise be enforceable in accordance with the limitations of 42 U.S.C. s1396ad IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume this the 2/2/2 day of	(18) as the same may be amended.
IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume this the day of	(18) as the same may be amended.
IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume this the day of day of day of MEDICAID GLAIMANT SPONSE	(18) as the same may be amended.
IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume this the	(18) as the same may be amended.
this the 2/th day of Sept., 2017. MEDICAID GLAIMANT SPONSE	(18) as the same may be amended.
IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume this the 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	(18) as the same may be amended.
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IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume this the 2/2 day of Septiment 1 day of MEDICAID Almant WITNESS: ADDRESS: TELEPHONE: STATE OF ALABAM COUNTY OF COUNTY OF Little undersigned, A Notary Public in and for said State and County, hereby certify the name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregon (his)(her) spouse, whose name is also signed to said instrument, acknowledged before me	at Math James per amended.
IN WITNESS WHEREOF, the undersigned has duly executed this instrument to volume this the 2/2 day of Septiment 1 day of MEDICAID Almant WITNESS: ADDRESS: TELEPHONE: STATE OF ALABAM COUNTY OF COUNTY OF Little undersigned, A Notary Public in and for said State and County, hereby certify the name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregon (his)(her) spouse, whose name is also signed to said instrument, acknowledged before me	at Math James per amended.
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Alabama Medicaid Agency

Form 220 Revised 1/20/95