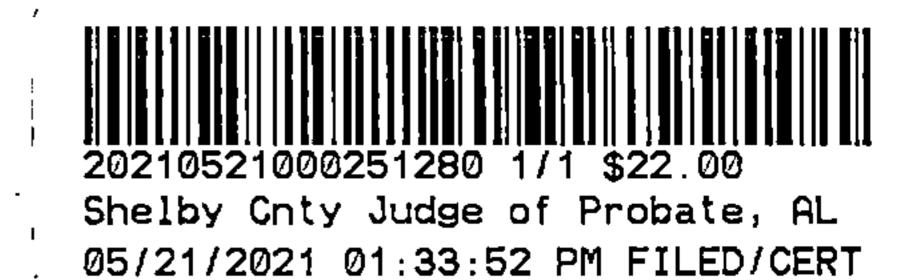
STATE OF ALABAMA COUNTY OF SHELBY

Medicaid Program ("the Program"); and

2663601



LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, EVELYN SEAGLE ("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

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:

A part of the E½ of the W½ of the NE¼ of the SE¼ of §2, Twp 22S, R4W located N of Shelby County Highway 10, more particularly described as: Commence at the NW corner of the NE¼ of the SE¾ of §2, Twp 22S, R4W, and run E 330 feet to the point of beginning: Thence S ±365 feet to the N margin of the right of way of Shelby County Highway 10; thence ±181 feet easterly along said right of way; thence turn left an interior angle of 154° and run ±474 feet to the N boundary of the NE¾ of the SE¼ of §2, Twp 22S, R4W; thence W ±244 feet to the point of beginning, containing ±2.01 acres.

Subject, however to all existing liens now on said property.

B'ham DO N Means

PREPARED BY: ALABAMA MEDICAID AGENCY/NM

Form 220 Revised 1/20/95

468 PALISADES BLVD

BIRMINGHAM, AL 35209

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
his the day of
Evelyn Spagle P.O.A. Boo Charten
WITNESS: Withhause meha spouse witness: Detty & Calock witness: 103 Garland Ferry Rd, Scottsboro, Address: 803 Garland Ferry Rd, Scottsboro, Address: 803 Garland Ferry Rd, Scottsboro, Felephone: 250-259-3301 TELEPHONE: 250-259-3301
I, the undersigned, A Notan Public in and for said State and County, hereby certify that Line undersigned, A Notan Public in and for said State and County, hereby certify that Line undersigned, A Notan Public in and for said State and County, hereby certify that Line undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County, hereby certify that Line Undersigned, A Notan Public in and for said State and County in the day that being instrument, and line Undersigned, and line Undersigned in the law of the State In the I
Polhom AL 35124 St.

Commission Expires

Alabama Medicaid