

STATE OF Alabama
COUNTY OF ~~Jefferson~~ Shelby

20155

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Angie Hawkins, ("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 Medicaid Program ("the Program"); and

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:

20151026000371730 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/26/2015 11:41:59 AM FILED/CERT

Lot 1, Block A, according to plat of Wilmont Subdivision, as recorded in Map Book 3, Page 124, in the Probate Office of Shelby County, Alabama; being situated in 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 this the 31st day of August, 20 15.

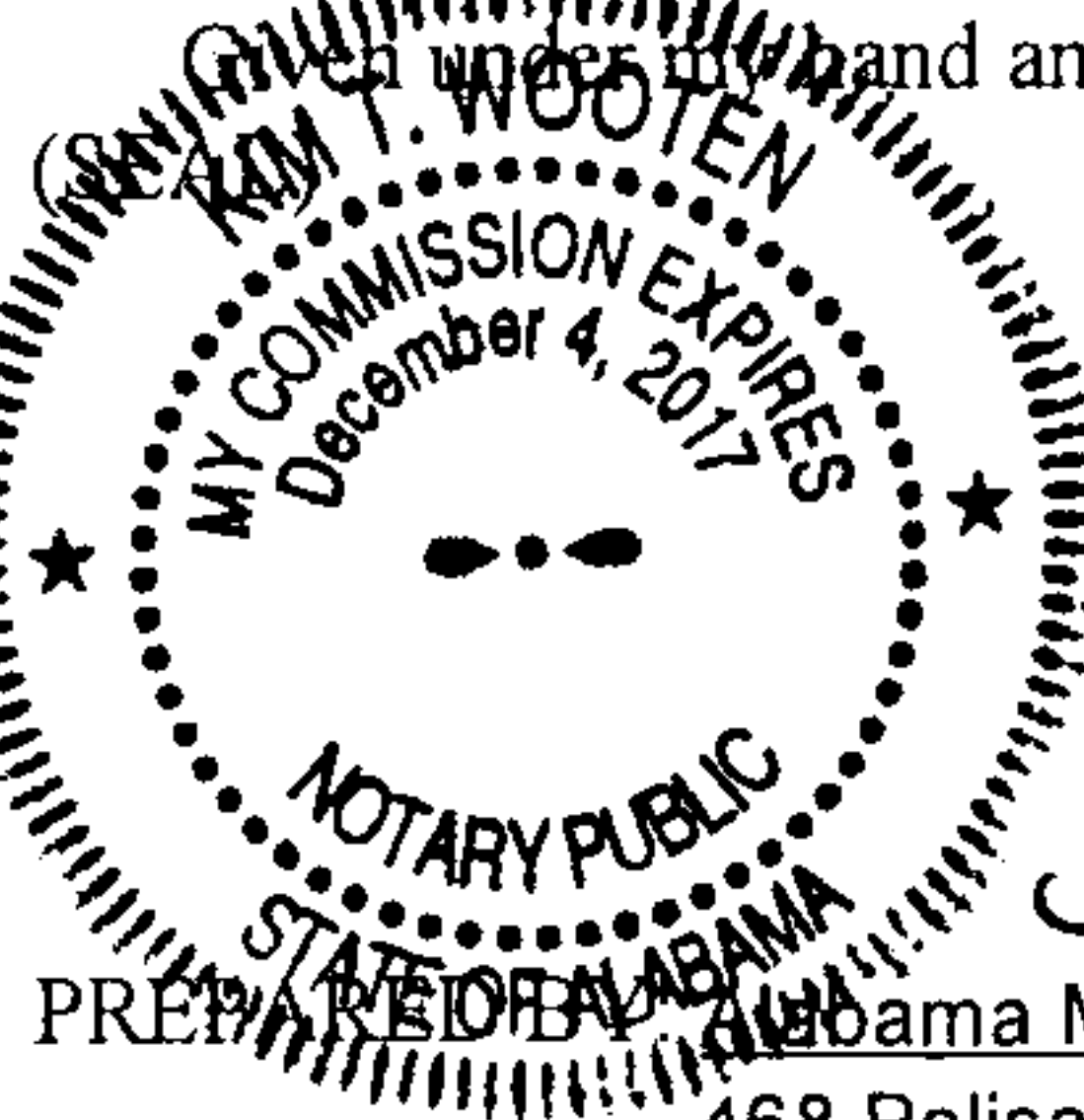
Linda Houston POA for Angie Hawkins
MEDICAID CLAIMANT

WITNESS: [Signature]
ADDRESS: 850 NW Ninth St Alabaster, AL 35007
TELEPHONE: (205) 663.3859

nla
SPOUSE
WITNESS: [Signature]
ADDRESS: 850 NW 9th St Alabaster
TELEPHONE: (205) 663 3859

STATE OF Alabama
COUNTY OF Jefferson

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Angie Hawkins whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and Linda Houston (his)(her) ~~spouse~~ POA, 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.



James M. Camy

PREPARED FOR Alabama Medicaid Agency
468 Palisades Blvd
Birmingham, AL 35209

Linda Houston
Angie Hawkins for
NOTARY PUBLIC
850 9th St. NW, Alabaster, AL 35115
ADDRESS
Commission Expires 12/04/17