

STATE OF ALABAMA
COUNTY OF SHELBY

2733601

20220415000156580 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
04/15/2022 01:08:17 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Wilda Mae Bentley, ("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:

A part of the $\frac{1}{2}$ of NE $\frac{1}{4}$ of Section 30, Township 19 South, Range 1 East, more particularly described as follows:
Commencing at Highway right-of-way Marker PT 852-156 on north side of Highway No. 91 and run south 3 deg. 00 min. east 80 feet to a point on the south right-of-way line of said Highway to the point of beginning of the lot herein described; thence turn an angle of 103 deg. 00 min. to the right and run 210 feet along south right-of-way line of said Highway; thence turn an angle of 103 deg. 00 min. to the left and run 420 feet; thence turn an angle of 77 deg. 00 min. to the left and run 210 feet parallel with said Highway right-of-way; thence turn an angle of 103 deg. 00 min. to the left and run 420 feet to the point of beginning; 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. §1396a(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 10th day of March, 2022.

✓ Wilda Mae Bentley
MEDICAID CLAIMANT

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

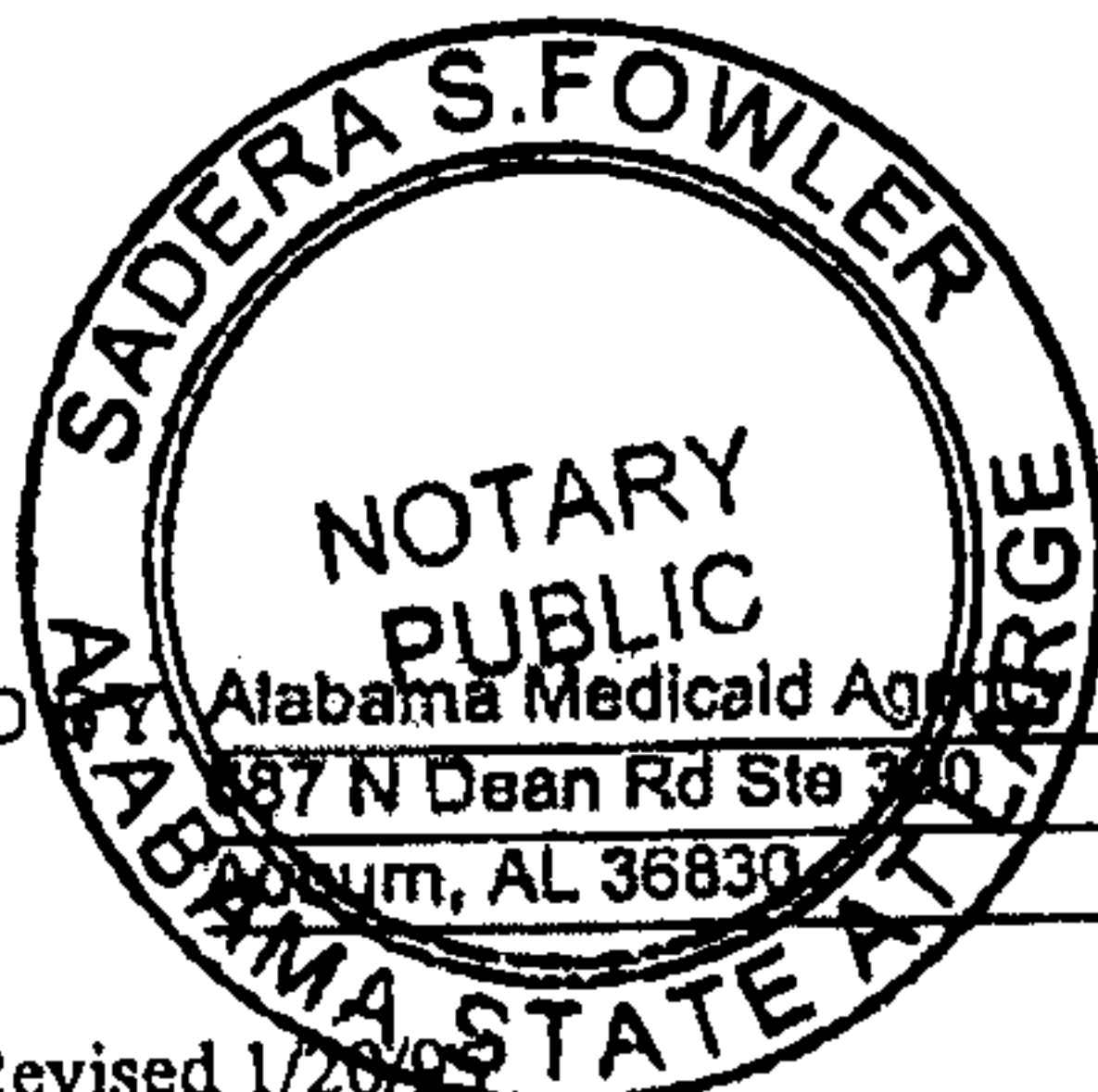
TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Talladega

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

Given under my hand and official seal this the 10th day of March, 2022.
(SEAL)



Sadara S. Fowler
NOTARY PUBLIC
1007 W. Fort Williams
Sylacauga AL 35150
ADDRESS
Commission Expires 07/11/2022

PREPARED BY Alabama Medicaid Agency
187 N Dean Rd Ste 300
Auburn, AL 36830

Form 220 Revised 1/2009

Alabama Medicaid Agency

Auburn DO
D Marshall