

STATE OF ALABAMA
COUNTY OF SHELBY

2989201



20230421000115690 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
04/21/2023 01:43:39 PM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, ALLIE E LANGSTON, ("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:

DEED BOOK / PAGE 20031222000822510

DEED DATE NOVEMBER 19, 2003

PARCEL ONE:

A PARCEL OF LAND DESCRIBED AS FOLLOWS: BEGINNING AT THE NW CORNER OF THE L. B. VERNON'S LAND RUNNING EAST ALONG SAID LAND 300 FEET; THENCE NORTH 130 FEET; THENCE WEST 300 FEET; THENCE SOUTH 130 FEET TO POINT OF BEGINNING. BEING A PART OF SECTION 5, TOWNSHIP 22, RANGE 3 WEST

PARCEL TWO:

BEGINNING AT THE NORTHEAST CORNER OF L. B. VERNON'S LAND; THENCE RUNNING 191 FEET NORTH; THENCE WEST 245 FEET; THENCE SOUTH 191 FEET; THENCE EAST 245 FEET TO THE BEGINNING; ALL BEING IN SECTION 5, TOWNSHIP 22, RANGE 3 WEST

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 0 day of February, 2023.

Allie E. Langston
MEDICAID CLAIMANT

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

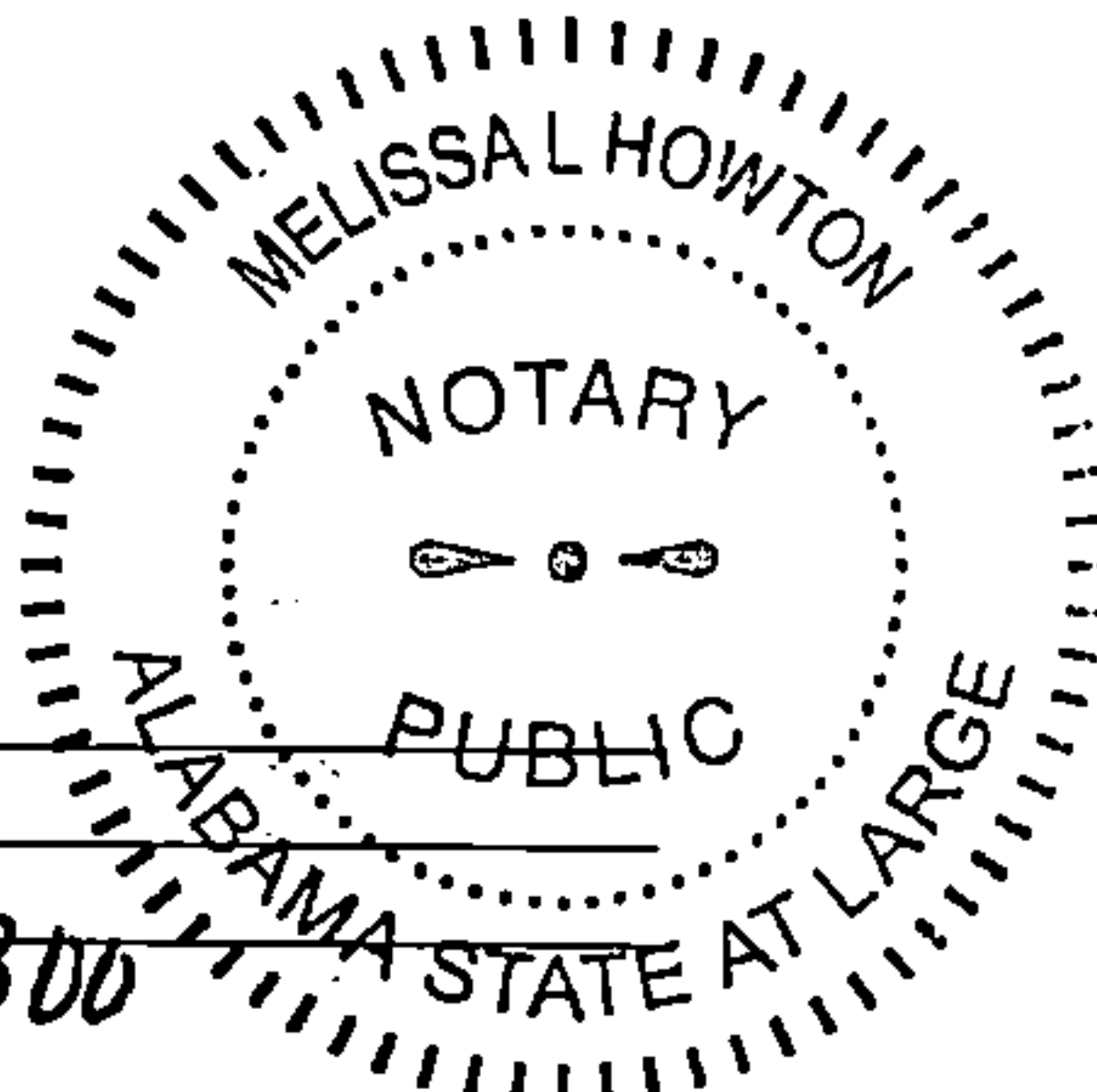
TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Allie Langston 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 8 day of February, 2023.
(SEAL)



Melissa Howton
NOTARY PUBLIC

881 3rd Street NE Alabaster AL
ADDRESS

Commission Expires 8/11/2024

PREPARED BY:

AMA B'ham DO
600 Beacon Pkwy W #300

Form 220 Revised 1/20/95

B'ham AL 35209
N Means

Alabama Medicaid Agency