

STATE OF ALABAMA
COUNTY OF Shelby

183888A

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Cordia Youngblood, ("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:

Commence at the Northeast corner of the Northeast one-fourth of the Southwest one-fourth of Section 22, Township 19 South, Range 2 East, Shelby County, Alabama; Thence proceed West along the North boundary of said quarter-quarter section for a distance of 1301.5. Thence proceed Southwesterly along the East right-of-way line of U.S. Highway 231 for a distance of 200 feet to the point of beginning. Thence proceed East for a distance of 150 feet; thence proceed South for a distance of 100 feet; thence proceed West for a distance of 150 feet; thence proceed North for a distance of 100 feet to the point of beginning.

Subject to easements and rights-of-way of record.

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Shelby 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 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 20th day of May, 20 13.

Cordia Youngblood
MEDICAID CLAIMANT

by Cora Bates POA
SPOUSE

WITNESS: Ailyn Watkey

WITNESS: Jiffany K. Chambers

ADDRESS: 1020 Tusaloosa Ave SW B'ham, AL 35211

ADDRESS: 1020 Tusaloosa Ave SW Birmingham, AL 35211

TELEPHONE: 205-788-6330

TELEPHONE: 205-788-6330

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Cordia Youngblood by Cora Bates POA, 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 20th day of May, 20 13.
(SEAL)

Michelle L. Miller
NOTARY PUBLIC
1020 Tusaloosa Ave SW
Birmingham, AL 35211
ADDRESS

Commission Expires August 31, 2016

My Commission Expires
August 31, 2016

R. Richardson
PREPARED BY: Alabama Medicaid Agency
468 Palisades Blvd
Birmingham, AL 35209