



## LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Inez Bryant		nt") is justly indebted to the Alabama Medicaid
Agency ("Agency") to the extent that the Medicaid Program ("the Program"); and		fits for Medicaid Claimant under the Alabama
WHEREAS, Medicaid Claimant may benefits for Medicaid Claimant,	hereafter become indebted to	the Agency to the extent that the Agency pays future
medical benefits under the Program, the N	Medicaid Claimant, joined by ( Agency, its successors and assi	edness and in order for Medicaid Claimant to obtain his)(her) spouse, does hereby GRANT, BARGAIN, gns, a lien for the full dollar value of said medical ed in Shelby County, Alabama
Book 288 Page 164 Parcel #19-3-07-1-001-037.000 Parcel #19-3-07-1-001-038.000		
See Attachment		
Subject, however to all existing liens nov	w on said property.	
obtained by writing to: Lien Office, Alabathis lien shall be due and payable upon the	ama Medicaid Agency, Post O he sale, transfer or lease of said	of this lien as it may exist from time to time, may be ffice Box 5624, Montgomery, Alabama 36103-5624. I property, or upon the death of Medicaid claimant, 42 U.S.C. s1396a(18) as the same may be amended.
IN WITNESS WHEREOF, the under	rsigned has duly executed this i	nstrument to voluntarily grant the aforesaid lien on
this the 7th day of Ton	Zzez Bryan MEDICAID CLAIMA	+ 54 Suffel D. Hetto 1
WITNIECC:	SPOUSE WITN	ECC.
WITNESS:		
ADDRESS:	ADDR TELEI	The state of the s
TELEPHONE:	ELLCI	
STATE OF ALABAMA COUNTY OF Strell		
I, the undersigned, A Notary Public in name as an Alabama Medicaid claimant, (his)(her) spouse, whose name is also sign the contents of said instrument (they)(he)	ned to said instrument, acknowledge (she) executed the same volume	ledged before me on this day that being informed of
		Casen La lea
	WINGEY D. DOO	NOTARY PUBLIC
	SIN CHINISSION A	106 E. College 57
	NOTARY	Economission Expires May 1, 2010
PREPARED BY: Durless Patrick  Alabama Medicaid Age		
907 22nd Ave Tuscalo	osa, AL 35401 17 1 2016	
Form 220 Revised 1/20/95	TE OF ALABAMINI	Alabama Medicaid Agency

	ices, Inc.			·*************************************	
(Address) Suite A, Pell	ham Mall, 2460 Montgomer	y Highway, Pelham, Al	abama35124	*	
WARRANTY DEED, JOINTLY PO	R LIFE WITH REMAINDER TO SURVI			·	
STATE OF ALABAMA  CO	UNTY KNOW ALL MEN E	739 BY THESE PRESENTS.	<b>.</b>		
That in consideration of Ter	a dollars and other valua	able considerations	·	DOLLARS	
to the undersigned grantor	or grantors in hand paid by the	GRANTEES herein, the rec	eipt whereof is ackn	owledged, we,	
K. W. Schafne (herein referred to as grante	er and wife, Judy Schafne ors) do grant, bargain, sell and co	er nvey unto	• •	6189	10112
John E. Bryan			•	Mo	
(herein referred to as GRAN of them in fee simple, togeth	ITEES) for and during their joint or with every contingent remainde	lives and upon the death of er and right of reversion, the fol	ither of them, then to	the Survivor	<b>**</b>
inShe1by	**************************************	County, Alabama to-wit:	•	1/A	201
Range 2 East, refeet; thence right thence continue 200.0 feet; then	ast corner of the NW 1/4 un west along the south light 79 deg. 39 min. a distance of 191.0 feet uce left 92 deg07 min a distance of 200.0 feet Alabama.	boundary of said 1/4 stance of 374.29 feet t; thence left 87 deg . a distance of 191.0	- 1/4 a distance to the point of 53 min. a distance le	e of 79 f begin 79 tance of	
to use the prese purpose of laune	ent boat launching site in the ching boats for their profit Lay Lake on property or	for this subdivision of twate use, together w	on Lay Lake for ith the right to	the o fish	1
• •			•	St. GA	
<u>5</u>			<b>22</b>		\$4
<del></del>	19740802000038300 1/1 \$.00 Shelby Cnty Judge of Probate		ි. කුළ -		
. <b></b>	98/02/1974 12:00:00AM FILED	CERT			
TO HAVE AND TO HO then to the survivor of them remainder and right of revers	LD to the said GRANTEES for a in fee simple, and to the heirs and	and during their joint lives and assigns of such survivor fore	d upon the death of eiver, together with eve	there at them.	
And I (we) do for myself their heirs and assigns, that I unless otherwise noted above; neirs, executors and administragainst the lawful claims of all	(ourselves) and for my (our) heirs, am (we are) lawfully seized in fee that I (we) have a good right to sel ators shall warrant and defend the	simple of said premises; that to and convey the same as afore same to the said GRANTEE;	they are free from all esaid; that I (we) will a S, their heirs and ass	encumbrances, and my (our) signs forever,	
iay of July				******	
WITNESS:	•				
·	(Seal)	K. W., Schafner	hapren	(Seal)	
* **** * * * * * * * * * * * * *	(Seal)	Judy Schaffier	Lyfue	(Seal)	
	(Seal)			(Sewi)	
TATE OF ALABAMA COUNT	<b>Y</b>	General Acknowledgment			
KOBERT	, Moore W. Schafner, and wife, J	udy Schafner	and for said County.	in said State.	
those name s are	med of the contents of the convey		own to me, arkrowledge executed the san	ed before me	
The dute the	_			L <sub>e</sub> (0 )	
c day the sains bears dad	e. official seal this	July	A	D., 19	
c day the sains bears dad	C	July		D., 19	

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