

20140616000181270 1/1 \$14.00 Shelby Cnty Judge of Probate, AL 06/16/2014 11:48:36 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Agency ("A	gency") to the extent that the Agency ogram ("the Program"); and	, ("Medicaid Claiman has paid medical bene	nt") is justly indebted to the Alaists for Medicaid Claimant unde	bama Medicaid r the Alabama	
	EAS, Medicaid Claimant may hereaft Medicaid Claimant,	ter become indebted to t	he Agency to the extent that the	Agency pays future	
medical ben SELL, ASS	W, therefore, in order to secure the relefits under the Program, the Medicai IGN and CONVEY unto the Agency and to be paid, on the following des	d Claimant, joined by (I , its successors and assi:	nis)(her) spouse, does hereby Gl gns, a lien for the full dollar valu	RANT, BARGAIN,	
	2 East, Shelby County, Alak the Judge of Probate of Shelby East along the West boundarthe point of beginning; from minutes East along the West thence turn an angle of 86 North 58 degrees 31 minutes on the West boundary of the distance of 325.31 feet; the distance of 62.03 feet to the fin the SW¼ of the NW¼ of	and as shown by lby County, Alabama, Alabama; thence products of said Strickland to this beginning point of beginning and the Chancellor's Ferry I are proceed South 48 point of beginning. The Section 34 Township	Strickland and Joyce Strickle on 34, Township 19 South, Rathe deed recorded in the Offician Deed Book 262, at Page 54 seed South 34 degrees 40 minutes for a distance of 60.74 feet to a distance of 139.29 for seconds to the left and procedistance of 359.12 feet to a polycodistance of 359.12 feet to a polycodistance of 359.12 feet to a polycodistance of 36 minutes West for degrees 38 minutes West for degrees 39 minutes Mest for degrees 39 minutes Mest for degrees 39 minutes Mest for degrees 39 minutes M	nge e of i, in ites t to 40 eet; eed oint or a or a ted	
Notice obtained by This lien shall ot	wever to all existing liens now on said of this lien will be recorded in said of writing to: Lien Office, Alabama Mall be due and payable upon the sale herwise be enforceable in accordance. NESS WHEREOF, the undersigned day of April	county. The dollar value edicaid Agency, Post O transfer or lease of said with the limitations of has duly executed this	ffice Box 5624, Montgomery, And property, or upon the death of 42 U.S.C. \$1396a(18) as the same	Medicaid claimant, me may be amended. he aforesaid lien on	A
MATATOO		SPOUSE WITN	IECC.		
WITNESS		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
ADDRESS		- · · - · · - · · · · · · · · · · · · ·	RESS:		
TELEPHO	NE:	IELE	PHONE:		
STATE OF COUNTY I, the u	ALABAMA OF Shelby Indersigned, A Notary Public in and for the Alabama Medicaid claimant, a (sing	for said State and Count	y, hereby certify that	they Richards whose	Wyathy Pr
(his)(her) s the content	Alabama Medicaid claimant, a (sing pouse, whose name is also signed to so of said instrument (they)(he)(she) eander my hand and official seal this to	said instrument, acknown executed the same volument.	vledged before me on this day the tarily on the day the same bears	nat being informed of	
SEAD			11/1		
CTARY			Motary P	GBLIC	
~·* .c.			PO BUX 587 Colum	Sian, AC 3505,	/
UPLI	(3)		ADDRES	SS	
• • • • • • • • • • • • • • • • • • •	5. Day		Commission Expires 911	2/15	

468 Palisades Blvd

Birmingham, Al 35209