

STATE OF Alabama
COUNTY OF Shelby

20875

20160926000351190 1/1 \$15.00
Shelby Cnty Judge of Probate, AL
09/26/2016 11:08:48 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Gladys Reach, ("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:

Surface rights only to lot and house thereon; .55 of one acre more or less in the N.E. 1/4 of N.W. 1/4 of Section 5-Township 22 South-Range 3 West. Begin at a point 505.6 ft. South and 1632.6 ft. East of the N.W. corner of above section. Run N. 47 degrees-32' E.-116.2 ft. thence N. 42 degrees-28' W.-224.5 ft. thence in a southwesterly direction-120.0 ft. along the south side of public road, thence S. 42 degrees-28' E.-195.8 ft. to point of beginning.

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 18th day of August, 2016.

Gladys Reach
MEDICAID CLAIMANT

WITNESS: Jerry R Hicks
ADDRESS: 127 Moore's Spring Rd. Minerallo
TELEPHONE: (205) 490-4607

SPOUSE

WITNESS: Danice Dymable

ADDRESS: 24 3rd St NE
TELEPHONE: (205) 220 8500

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I, the undersigned, A Notary Public in and for said State and County, hereby certify that Gladys Reach whose name as an Alabama Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and N/A (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 official seal this the 18th day of August, 2016.
(SEAL)



Meagan Nicole Perini
NOTARY PUBLIC

101 Greenhurst Rd Sylacauga AL 36150
ADDRESS

Commission Expires July 8th, 2017

PREPARED BY Danielle Wilson
State of Alabama Medicaid Agency
468 Palisades Blvd.
Birmingham, AL 35209