

WHEREAS, PEGGY H. LEE, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("the 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:

**LOT 202, ACCORDING TO THE SURVEY OF FINAL PLAT OF HIGH RIDGE VILLAGE
PHASE 5, AS RECORDED IN MAP BOOK 29, PAGE 132, IN THE PROBATE OFFICE OF
SHELBY COUNTY, ALABAMA
PROPERTY ADDRESS: 256 HIGH RIDGE DRIVE PELHAM, AL 35124**



20150227000212510 1/1
Bk: LR201511 Pg: 10140
Jefferson County, Alabama
I certify this instrument filed on:
02/27/2015 10:06:26 AM LN
Judge of Probate- Alan L. King

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. §1396(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 4 day of November, 2014.

Peggy Lee by Delane Small POA
MEDICAID CLAIMANT

SPOUSE

WITNESS: Margaret Thomas
ADDRESS: 4170 Spring Valley Dr N 36693
TELEPHONE: [REDACTED]

WITNESS: Sharon Mah.
ADDRESS: 1013 Houston St 36604
TELEPHONE: [REDACTED]

STATE OF ALABAMA
COUNTY OF Mobile

I, the undersigned, a Notary Public in and for said State and County, hereby certify that Peggy Lee whose name as an Alabama Medicaid Claimant, a (single) (~~married~~) person, is signed to the foregoing instrument, and [REDACTED] (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 4th day of November, 2014.



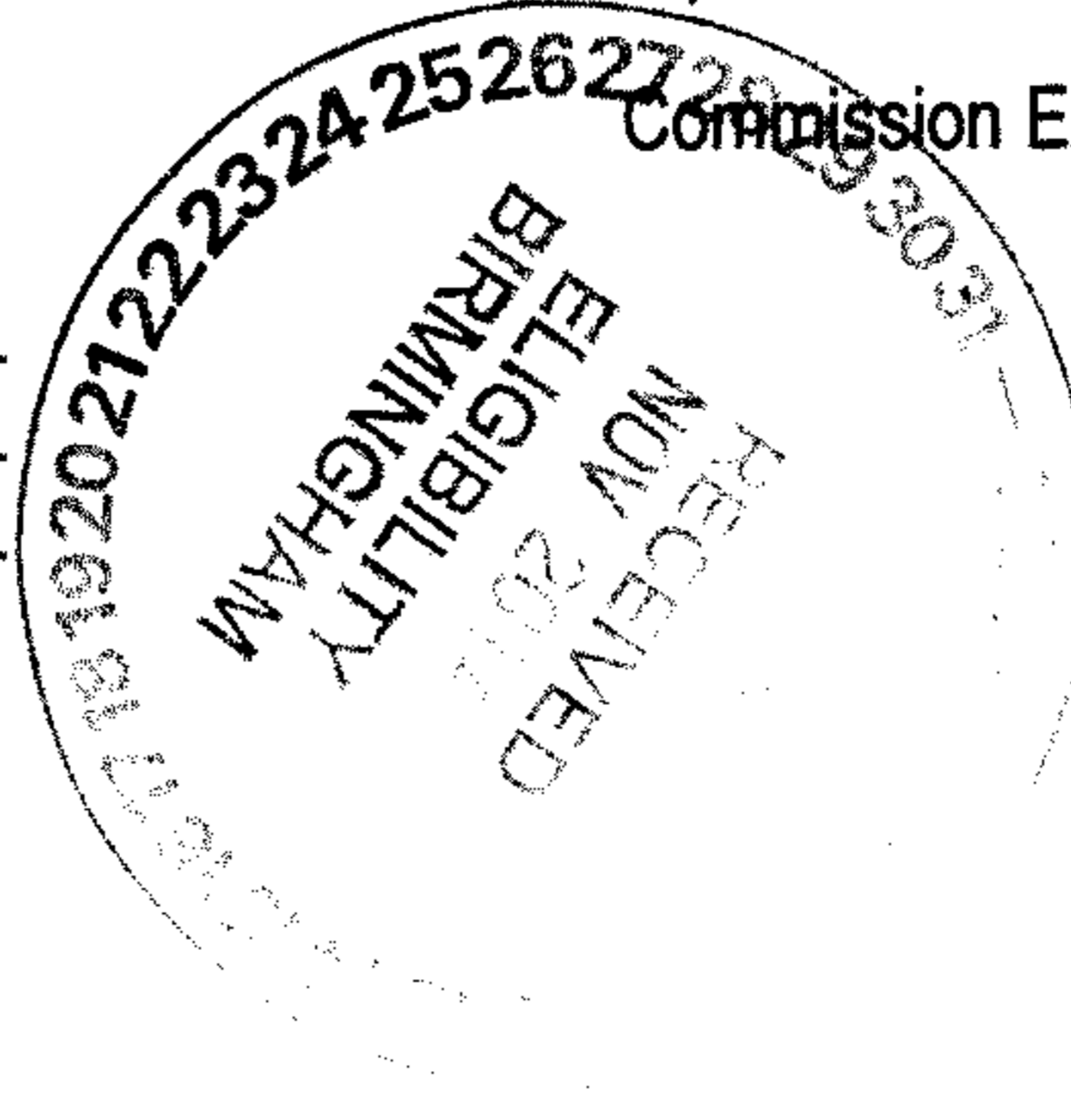
20170824000309570 1/1 \$15.00
Shelby Cnty Judge of Probate, AL
08/24/2017 03:33:30 PM FILED/CERT

Delane Small POA for
Peggy Lee
NOTARY PUBLIC
[Signature]
ADDRESS: 1-13-75
Commission Expires

PREPARED BY: T. Lewis
Alabama Medicaid Agency
468 Palisades Blvd
Birmingham, AL 35209

Form 220
Agency
Revised 1/20/95

20150227000212510 1/1
Bk: LR201511 Pg: 10140
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Fee - \$16.00



Alabama Medicaid