

STATE OF ALABAMA
COUNTY OF SHELBY

2310501

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, GLADYS HAND, ("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:



20171204000434280 1/1 \$15.00
Shelby Cnty Judge of Probate, AL
12/04/2017 03:08:34 PM FILED/CERT

Commence at the Southeast corner of NE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 13, Township 21, Range 2 West and run North along East line of said $\frac{1}{4}$ - $\frac{1}{4}$ Section a distance of 100 feet to point of beginning; thence turn an angle of 61 deg. 26 min. to the left and run a distance of 342.96 feet, thence turn an angle of 15 deg. 06 min. to left and run a distance of 154.70 feet, thence turn an angle of 25 deg. 14 min to left and run a distance of 105.50 feet, thence turn an angle of 45 deg. to left and run 50 feet, thence turn left and run a perpendicular line to the 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 17 day of SEPT, 2017.

Gladys Hand by Roger Hand AS P.O.
MEDICAID CLAIMANT

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF SHELBY

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Gladys Hand whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and Roger Hand (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 17th day of September, 2017.
(SEAL)

Batterson J. Mma
NOTARY PUBLIC
468 Palisades Blvd
Birmingham AL 35209
Commission Expires 4-5-2020

Natasha Means
PREPARED BY: ALABAMA MEDICAID AGENCY
468 PALISADES BLVD
BIRMINGHAM, AL 35209