2314901

STATE OF ALABAMA COUNTY OF JEFFERSON Shelby

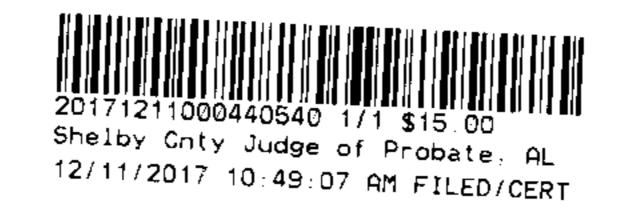
LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

| Whereas, JB MAX G. | ANDY, ("Medicaid Claima" | nt") is justly indebted to the Alabama Medicaid | |
|---|---|---|----------|
| Agency ("Agency") to the | extent that the Agency has paid medical bene | fits for Medicaid Claimant under the Alabama | |
| Medicaid Program ("the P | rogram"); and | | |
| UNITED TAC Madiania | d Claimant may harantar hanama indahtad ta | the Agency to the extent that the Agency nove future | |
| benefits for Medicaid Clai | - | the Agency to the extent that the Agency pays future | |
| belieffis for Medicald Clai | acant, | | |
| NOW, therefore, i | in order to secure the repayment of said indebt | edness and in order for Medicaid Claimant to obtain | |
| | | his)(her) spouse, does hereby GRANT, BARGAIN, | |
| SELL, ASSIGN and CON | IVEY unto the Agency, its successors and assi | gns, a lien for the full dollar value of said medical | |
| benefits paid and to be paid | d, on the following described real estate situat | ed in JEFFERSON Shelby County, Alabama | |
| to-wit: | | \mathcal{J} , | |
| | | 20212223 | 2.4 |
| | | 202122 | A552 |
| A DODECC. | | /29 V | To, |
| ADDRESS: | | /&) | 47 |
| 2242 HIGHWAY 39 CHELSEA | . AL 35043 | | 10 |
| 111111111111111111111111111111111111111 | | 6 . | Ţ., |
| LEGAL DESCRIPTION: | | (<u>花</u> | Ü |
| | | | |
| SUB DIVISON1: MAP BOOK: | | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 4 |
| SUB DIVISON2: MAP BOOK: | 00 PAGE: 000 | /6.7 | , i |
| | | | .4 |
| PRIMARY BLOCK; 000 SECON | NDARY RECOCKE GOO | 11016819 | G V E, " |
| PRIMARY LOT: SECONDARY | | 0870 | <u> </u> |
| | | | |
| | | | |
| METES AND BOUNDS: BEG IN | 4T N ROW HWY 338 & W ROW HWY 39 NLY650 TO | POB NW222.12 NE133.8 SE70 S156.47 SW43.6 TO POB | |
| ~ | | | |
| Subject, however to all ex | sisting liens now on said property. | | |
| Notice of this lien will | I be recorded in said County. The dollar value | e of this lien as it may exist from time to time, may be | |
| | | ffice Box 5624, Montgomery, Alabama 36103-5624. | |
| - | | property, or upon the death of Medicaid claimant, | |
| | | 42 U.S.C. s1396a(18) as the same may be amended. | |
| | | | |
| IN WITNESS WHER | EOF, the undersigned has duly executed this | instrument to voluntarily grant the aforesaid lien on | |
| this the A J == da | you rembers, 20 17 | ~ | |
| | () A) W// | R_{1} | |
| | MEDICALD CLAIM | ANT | |
| | MISDICATIO CITATIVI | "" <i>X</i> | |
| | | | |
| | SPOUSE | | |
| WITNESS: | WITN | IESS: | |
| ADDRESS: | ADDI | RESS: | |
| _ | | | |
| TELEPHONE: | | PHONE: | |
| STATE OF ALABAMA | | | |
| COUNTY OF JEFFERS | SON | | |
| I the undersigned A | Notary Public in and for said State and Count | y, hereby certify that TB MAX GRACE whose | |
| name as an Alabama Med | licaid claimant, a (single)(married) person, is s | signed to the foregoing instrument, and | |
| | | viedged before me on this day that being informed of | |
| the contents of said instru | enent (they)(he)(she) executed the same volum | tarity on the day the same bears date. | |
| Given under my hand | and official seal this the A St day of | September 20/1 | |
| (SEAL) | | | , , |
| | | MANNA MANUY | 4 |
| | | NOTARY DIRECTOR | , |
| | | Wind north St II Die hala Al | 35834 |
| • | | NOTARY PUBLIC 1424 25TA ST. N. Birmington, AL ADDRESS | 1 |
| | A 1 - M . | ADDRESS | |
| | N Means | Commission Expires $02-18:202$ | |
| PREPARED BY: ALABA | MA MÉDICAID AGENCY | 1 | |

Form 220 Revised 1/20/95

468 PALISADES BLVD

BIRMINGHAM, AL 35209



Alabama Medicaid Agency