

STATE OF Alabama  
COUNTY OF Shelby

2437801

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Juliette B. Ingram, ("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:

All of the Southwest Quarter of the Northwest Quarter of Section 12, Township 22, Range 3 West, except fourteen acres off of the north end thereof.



20181114000402850 1/1 \$15.00  
Shelby Cnty Judge of Probate, AL  
11/14/2018 03:02:35 PM FILED/CERT



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 12 day of September, 20 18.

Juliette B Ingram William B Ingram POA  
MEDICAID CLAIMANT

WITNESS: Betty Blalock  
ADDRESS: 2491 Pelham Pkwy Pelham AL  
TELEPHONE: (256) 259-3301

SPOUSE  
WITNESS: Mikhaela Graham  
ADDRESS: 2491 Pelham Pkwy Pelham AL  
TELEPHONE: (256) 259-3301

STATE OF Alabama  
COUNTY OF Shelby

Juliette B Ingram  
William B Ingram - POA

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Juliette B Ingram whose name as an Alabama Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and William B Ingram (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 12 day of September, 20 18.  
(SEAL)

Christie Graham

NOTARY PUBLIC

2491 Pelham Pkwy Pelham AL 35124  
ADDRESS

PREPARED BY: K Stephens  
Alabama Medicaid Agency  
468 Palisades Blvd  
Birmingham, AL 35209

My Commission Expires March 8, 2021

