

STATE OF Alabama
COUNTY OF Shelby

2436501

500.002-91-5338

71/04

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Peggy Montin, ("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:

Parcel: 13 5 22 3 002 010.000

Address: 7535 Spencer Lane
Helena, AL 35080

20181114000402860 1/1 \$15.00
Shelby Cnty Judge of Probate, AL
11/14/2018 03:02:36 PM FILED/CERT

Description:

Lot 18A according to the Survey of Resurvey of Lots 7-26, Wyndham Townhomes as recorded in Map Book 24, Page 15, Shelby County, Alabama Records
This conveyance is hereby made subject to restrictions, easements and rights of way of record in the Probate Office of Shelby County, Alabama

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 5 day of September, 20 18.

Peggy Montin by Stewart Jackson, POA
MEDICAID CLAIMANT

SPOUSE

WITNESS

WITNESS:

ADDRESS

ADDRESS:

TELEPHONE:

TELEPHONE:

STATE OF Alabama

COUNTY OF Jefferson

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Stewart Jackson whose name as an Alabama Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and (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 5 day of September, 20 18.
(SEAL)

Melissa A. Buehler
NOTARY PUBLIC
1424 Markelaw Rd Bham AL 35210
ADDRESS

Commission Expires

9/8/18

Jon Blake

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

Form 220 Revised 1/20/95

Alabama Medicaid Agency

