

STATE OF Alabama
COUNTY OF Shelby

2598101

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA Linda Jean Reynolds

Whereas, Linda J Reynolds ("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:

Description:

Commence at the SW corner of the NE 1/4 of the NE 1/4 of Section 31, Township 21 South, Range 1 East; thence run East along said 1/4-1/4 line a distance of 568.59 feet; thence turn an angle of 48 degrees 04 minutes 01 seconds left and run a distance of 233.33 feet to the point of beginning; thence continue along last described course a distance of 650.00 feet; thence turn an angle of 89 degrees 51 minutes 29 seconds right and run a distance of 105.00 feet; thence turn an angle of 79 degrees 00 minutes 00 seconds right and run a distance of 430.00 feet; thence turn an angle of 39 degrees 07 minutes 28 seconds right and run a distance of 125 feet; thence turn an angle of 19 degrees 40 minutes 14 seconds right and run a distance of 175.14 feet to the point of beginning.

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Shelby Cnty Judge of Probate, AL
06/29/2020 02:02:09 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 5 day of June, 20 20.

Linda J Reynolds
MEDICAID CLAIMANT
N/A

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 Linda Reynolds by Ruth Thomas 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 June, 20 20.
(SEAL)

Jessica Marie Moore
NOTARY PUBLIC

home 3911 S. Foot Rd. Chastree, AL 36021
work 850 9th St NW Alabaster AL 36007
Commission Expires April 4, 2023

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

Form 220 Revised 1/20/95

J Blake
JESSICA MARIE MOORE
Notary Public
Alabama State at Large

Alabama Medicaid Agency
My Commission Expires
April 4, 2023