

STATE OF Alabama
COUNTY OF Shelby

2605001

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA Barbara A. Haynes

Whereas, Barbara Haynes ("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

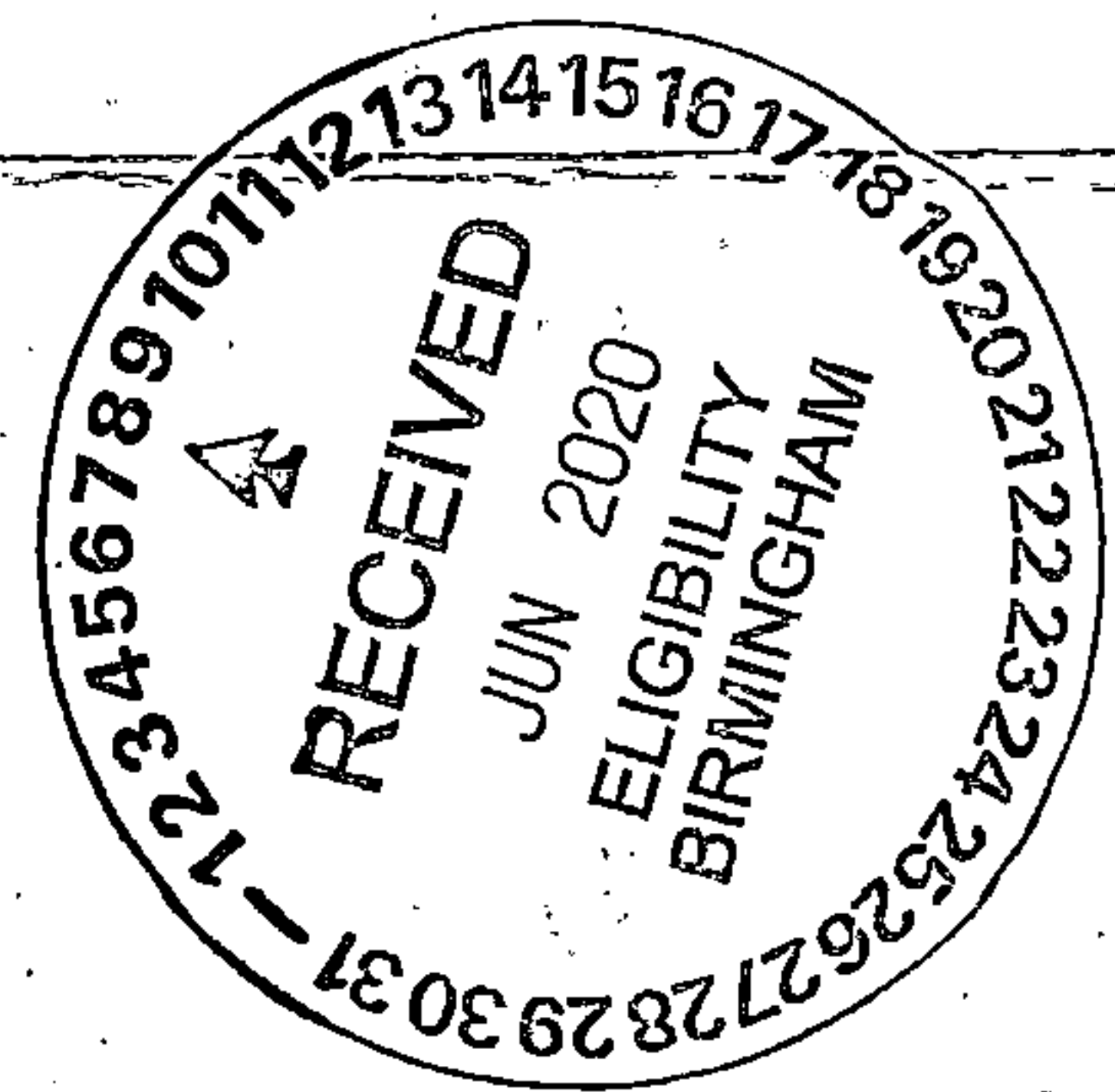
WHEREAS, Medicaid Claimant may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Claimant,

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:

Lot 6-86, according to the Plat of Chelsea Park 6th Sector, as recorded in Map Book 37, Page 13, in the Office of the Judge of Probate Office of Shelby County, Alabama



20200721000302480 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
07/21/2020 08:43:35 AM 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 5th day of JUNE, 2020

Samantha Nolan for Barbara Haynes as POA
MEDICAID CLAIMANT

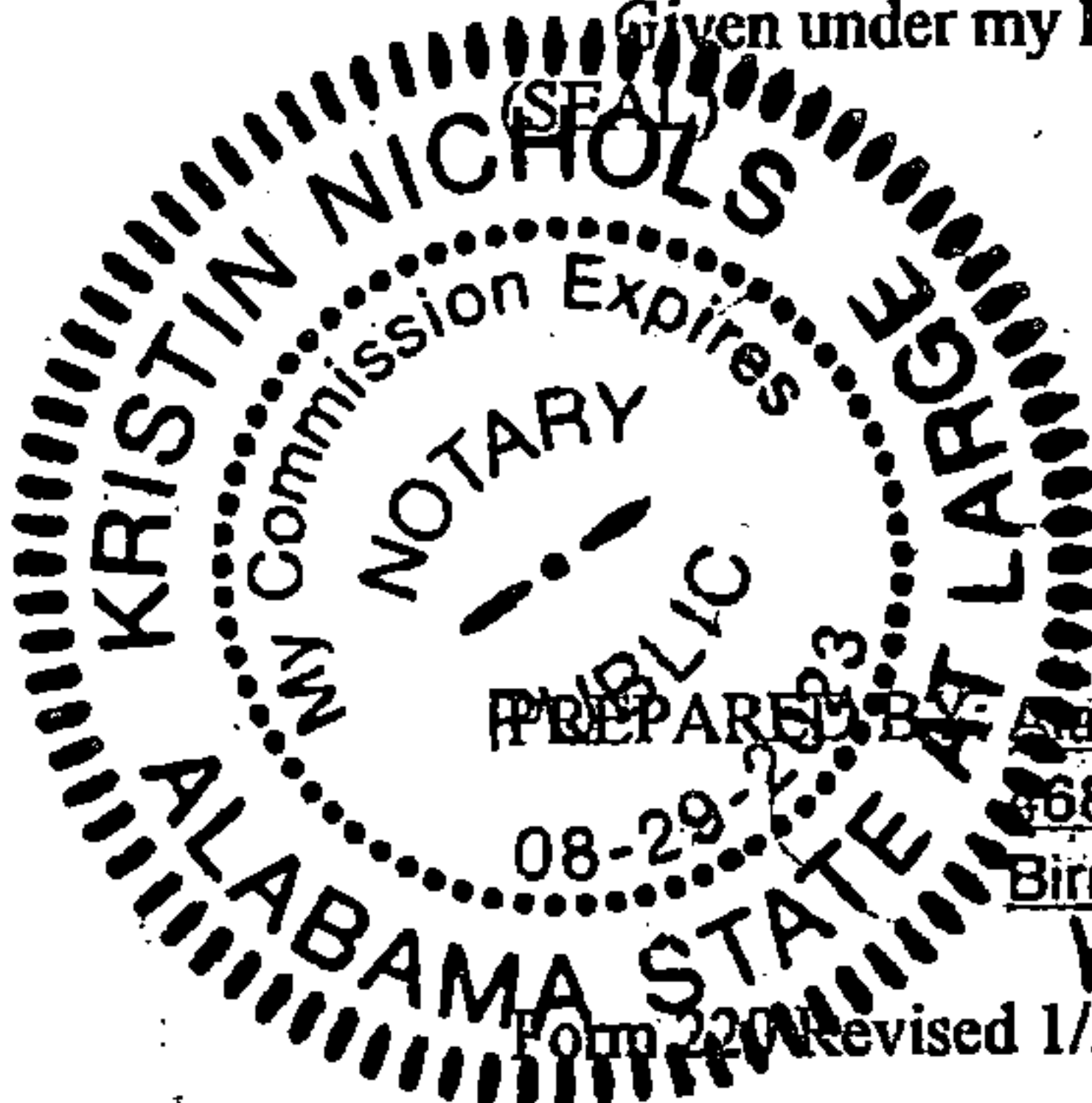
WITNESS: Kim H. Rhine
ADDRESS: 2111 Chelsea Rd. Da. Columbiana,
TELEPHONE: (256) 404-7190 AL

SPOUSE WITNESS: Asnleigh Donaldson
ADDRESS: 270 CHASSER RESERVE DR. Chelsea, AL
TELEPHONE: (205) 937-1742 35042

STATE OF Alabama
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Barbara Haynes 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, 2020.



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

K Stephens
Form 220A Revised 1/20/95

Kristin Nichols
NOTARY PUBLIC
2100 Hwy 32 Columbiana, AL
Commission Expires 8/29/2023 35051

Alabama Medicaid Agency