STATE OF Alabama COUNTY OF Shelby

2646801

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY ARA Vickie C Kelley

ر "Medicaid Claimant") is justly indebted to the Alabama Medicaid Whereas, Vickie Kelley 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, to-wit: <u> Alabama</u>

Lots 13, Block 1, according to Pine Hills Subdivision, as shown by map of said subdivision as recorded in Map Book 4 Page 45 in Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.



Shelby Cnty Judge of Probate, AL 03/10/2021 02:39:41 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 10 day of December 120 20.
this the day of
MEDICAID CLAIMANT
SPOUSE / SPOUSE
WITNESS: MUSIC / Cleman WITNESS: MULTUL / WITNESS: MULTUL /
ADDRESS: 200 n. Pru lie Rd. Bham ADDRESS DIDING NE HEII Rd. BIKUM
TELEPHONE: 205-849-2352 3527 TELEPHONE: 205-849-2352
STATE OF _Alabama
COUNTY OF JEFERSUN
I, the undersigned, A Notary Public in and for said State and County, hereby certify that \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and
(his)(her) engues whose name is also signed to said instrument, solvnowledged before me on this day that being informed of

(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 day of Definition

ADDRESS

NOTARY PUBLIC

Commission Expires