

STATE OF ALABAMA  
COUNTY OF SHELBY

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, LILLIAN HEFFNER ("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:

LEGAL DESCRIPTION:

SUB DIVISION1: HEFFNER FAMILY SUBDIVISION MAP BOOK: 40 PAGE: 107  
SUB DIVISION2: MAP BOOK: 00 PAGE: 000

PRIMARY BLOCK: 000 SECONDARY BLOCK: 000  
PRIMARY LOTS: 1- 3

20210430000216190 1/1 \$22.00  
Shelby Cnty Judge of Probate, AL  
04/30/2021 02:12:12 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 19 day of March, 2021.

Lillian Heffner BY [Signature], as POA  
MEDICAID CLAIMANT

SPOUSE

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that \_\_\_\_\_ 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 19th day of March, 2021.  
(SEAL)

PREPARED BY: ALABAMA MEDICAID AGENCY-CO  
468 PALISADES BLVD  
BIRMINGHAM, AL 35209

Lillian Heffner by Susie Clements, as POA  
[Signature]  
NOTARY PUBLIC  
22969 Hwy 25 Columbiana, AL  
ADDRESS  
Commission Expires 10/24/2024  
55050