

2663601

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA Evelyn Roman Seagle

Whereas, EVELYN SEAGLE ("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:

A part of the E $\frac{1}{2}$ of the W $\frac{1}{2}$ of the NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of §2, Twp 22S, R4W located N of Shelby County Highway 10, more particularly described as: Commence at the NW corner of the NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of §2, Twp 22S, R4W, and run E 330 feet to the point of beginning: Thence S \pm 365 feet to the N margin of the right of way of Shelby County Highway 10; thence \pm 181 feet easterly ~~along said right of way; thence turn left an interior angle of 154° and run~~ \pm 474 feet to the N boundary of the NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of §2, Twp 22S, R4W; thence W \pm 244 feet to the point of beginning, containing \pm 2.01 acres.

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. §1396a(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 8 day of March, 20 21.

Evelyn Seagle P.O.A. 300' Clayton
MEDICAID CLAIMANT

WITNESS: Christine Graham SPOUSE N/A WITNESS: Debbie Blalock
ADDRESS: 803 Garland Ferry Rd, Scottsboro, AL 35768 ADDRESS: 803 Garland Ferry Rd, Scottsboro, AL 35768
TELEPHONE: 256-259-3301 TELEPHONE: 256-259-3301

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Evelyn Seagle - via POA 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 8 day of March, 20 21.
(SEAL)

Christine Graham
NOTARY PUBLIC
2491 Pelham Prky
Pelham AL 35124
ADDRESS

Commission Expires 3/8/21

B'ham DO N Means
PREPARED BY: ALABAMA MEDICAID AGENCY/NM
468 PALISADES BLVD
BIRMINGHAM, AL 35209