

2664002

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA William W Stewart

Whereas, William Stewart, Jr, ("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:

Commence at the Southwest corner of Section 7, Township 22 South, Range 2 East; run thence North 0 degrees 52 minutes 51 seconds west along the West line of said Section for 48.44 feet to a point on the Southeast right of way of Shelby County Road No. 47; run thence North 50 degrees 25 minutes 39 seconds East along said right of way for 342.44 feet to the point of a curve; run thence in a Northeasterly direction along said right of way and a curve to the left having a radius of 2757.98 feet, an arc distance of 232.00 feet; run thence South 44 degrees 23 minutes 32 seconds East for 94 feet; run thence South 88 degrees 58 minutes 46 seconds East for 251.54 feet to the Northeast corner of Lot 4, Turtle Cove, Phase I, as recorded in Map Book 12, Page 61, in the Probate Office of Shelby County, Alabama, said point being the point of beginning; thence continue South 88 degrees 58 minutes 46 seconds East 137.5 feet to the Northwest corner of Lot 3, of said Turtle Cove, Phase I; thence run South 28 degrees 23 minutes 19 seconds West along the Northwest line of said Lot 3, Turtle Cove, Phase I, a distance of 434.66 feet to a point on the Northeast right of way of Wallace Drive; thence run along said right of way of Wallace Drive along a curve to the right having a radius of 178.37 feet, an arc distance of 23.00 feet to a point; thence run North 86 degrees 28 minutes 08 seconds West a distance of 111.44 feet to the Southeast corner of Lot 4, Turtle Cove, Phase I; thence run North 28 degrees 26 minutes 51 seconds East along the Southeast line of Lot 4, Turtle Cove, Phase I, a distance of 426.59 feet to the Northeast corner of said Lot 4 and the point of beginning.

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 20th day of JANUARY, 20 21.

WILLIAM STEWART, JR BY [Signature]
MEDICAID CLAIMANT

WITNESS: [Signature]
ADDRESS: 3900 MESSER AVE HWY
TELEPHONE: 205 510 0253 BHAM AL 35222

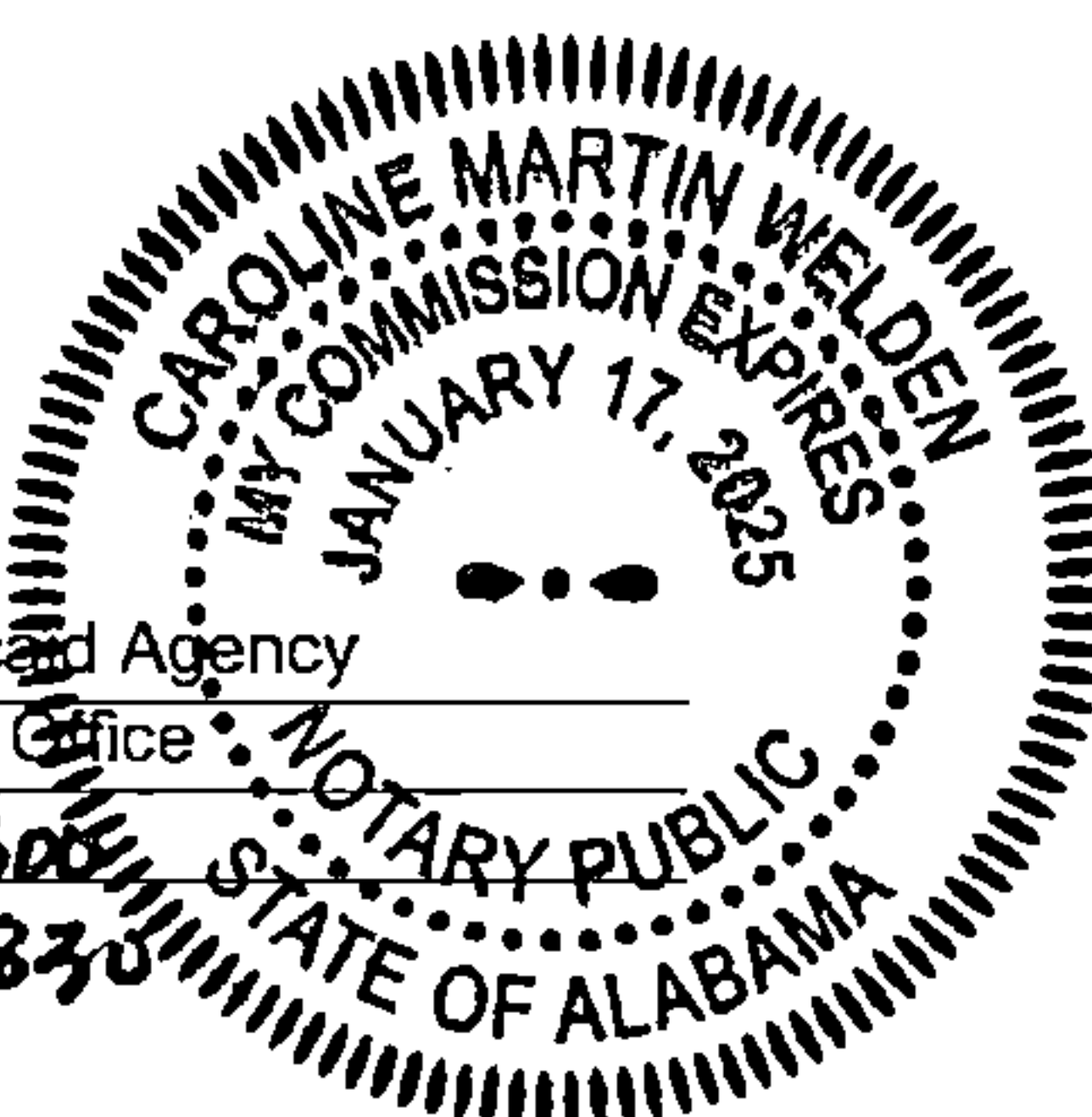
SPOUSE

WITNESS: [Signature]
ADDRESS: PO Box 247 BIRMINGHAM AL 35201
TELEPHONE: 601 916 3899

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, A Notary Public in and for said State and County, hereby certify that William Stewart, 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 20 day of January, 20 21.
(SEAL)



A Morgan
PREPARED BY: Alabama Medicaid Agency
Opelika District Office
687 N Dean Rd #300
Auburn AL 36830
Form 220 Revised 1/20/95

[Signature]
NOTARY PUBLIC

20 Peachtree St., Birmingham, AL 35213
ADDRESS

Commission Expires 1/17/25