STATE OF ALABAMA COUNTY OF SHELBY

## 2712201



20220106000006860 1/1 \$22.00 Shelby Cnty Judge of Probate, AL 01/06/2022 11:03:05 AM FILED/CERT

## LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, PEARLINE WALKER ("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 NE¼ of NE¼ Section 35, Township 21 South, Range 1 West, described as follows: Begin at the SE corner of said ¼-¼ Section and run North along East line a distance of 99 yards; thence West 121 yards; thence South 99 yards to South line of said ¼-¼ Section; thence East to point of beginning.

Also, commence at the northeast corner of the SE¼ of NE¼, Section 35, Township 21 South, Range 1 West, and run in a southerly direction along the east boundary line of said quarter-quarter section a distance of 15.0 feet to the point of beginning in the center of old dirt road; thence run in a westerly direction along the center of said dirt road a distance of 362 feet to the point of ending on the west property line of the B. E. McClanahan property. Said strip of land being approximately 12.0 feet wide on each side of centerline of said dirt road and is lying in the SE¼ of NE¼, NE¼ of NE¼, Section 35, Township 21 South, Range 1 West.

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 to	
this the	$\frac{2}{1}$
Rearly	e White (by FUT)
MEDICAID CLA	IMANT
D. Legas Brust	
SPOUSE	- 1
	ITNESS: CTUL MCMCM
ADDRESS: 21270 Huy 25 Col. A13501 A1	ODRESS: 21290 Huy 25 Columbian AL 3
	ELEPHONE: 205-670-9720-
COUNTY OF STATE OF ALABAMA  I, the undersigned, A Notary Public in and for said State and Co	Ly Learline Waller
I, the undersigned, A Notary Public in and for said State and Co	unty, hereby certify that Rebecco Bupit IV whose
name as an Alabama Medicaid claimant, a (single) (married) person,	is signed to the foregoing institution, and
(his)(her) spouse, whose name is also signed to said instrument, ack the contents of said instrument (they)(he) she executed the same vo	nowledged before me on this day that being informed of
	of Fresiet 202
(SEAL)	A - A - A
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	NOTARY PUBLIC
	21290 Auj 25 Col. Ul 3505 1
$\cdot$	My Commission Expires
B'ham DO	Commission Expires
PREPARED BY: ALABAMA MEDICAID AGENCY/ES 468 PALISADES BLVD	June 1, 2022
BIRMINGHAM, AL 35209	
Form 220 Revised 1/20/95	
Form 220 Revised 1/20/95	Alahama Medicaid Agency