

STATE OF ALABAMA  
COUNTY OF SHELBY

2735002



20220425000167510 1/1 \$22.00  
Shelby Cnty Judge of Probate, AL  
04/25/2022 08:50:03 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, **Gerald Vick**, ("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:  
**COM @ INT OF S BDRY LN OF SE1/4 OF NW1/4 & NE R/W OF HWY# 280; TH NWLY ALG R/W HWY# 280 700' TO POB; TH NELY 220.5'; TH NWLY 100'; TH SWLY 220.5'; TH ELY 100' TO POB 0.50 AC S34T19SR2E**

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 30<sup>th</sup> day of March, 2022.

Gerald Vick  
MEDICAID CLAIMANT

Deceased

SPOUSE

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

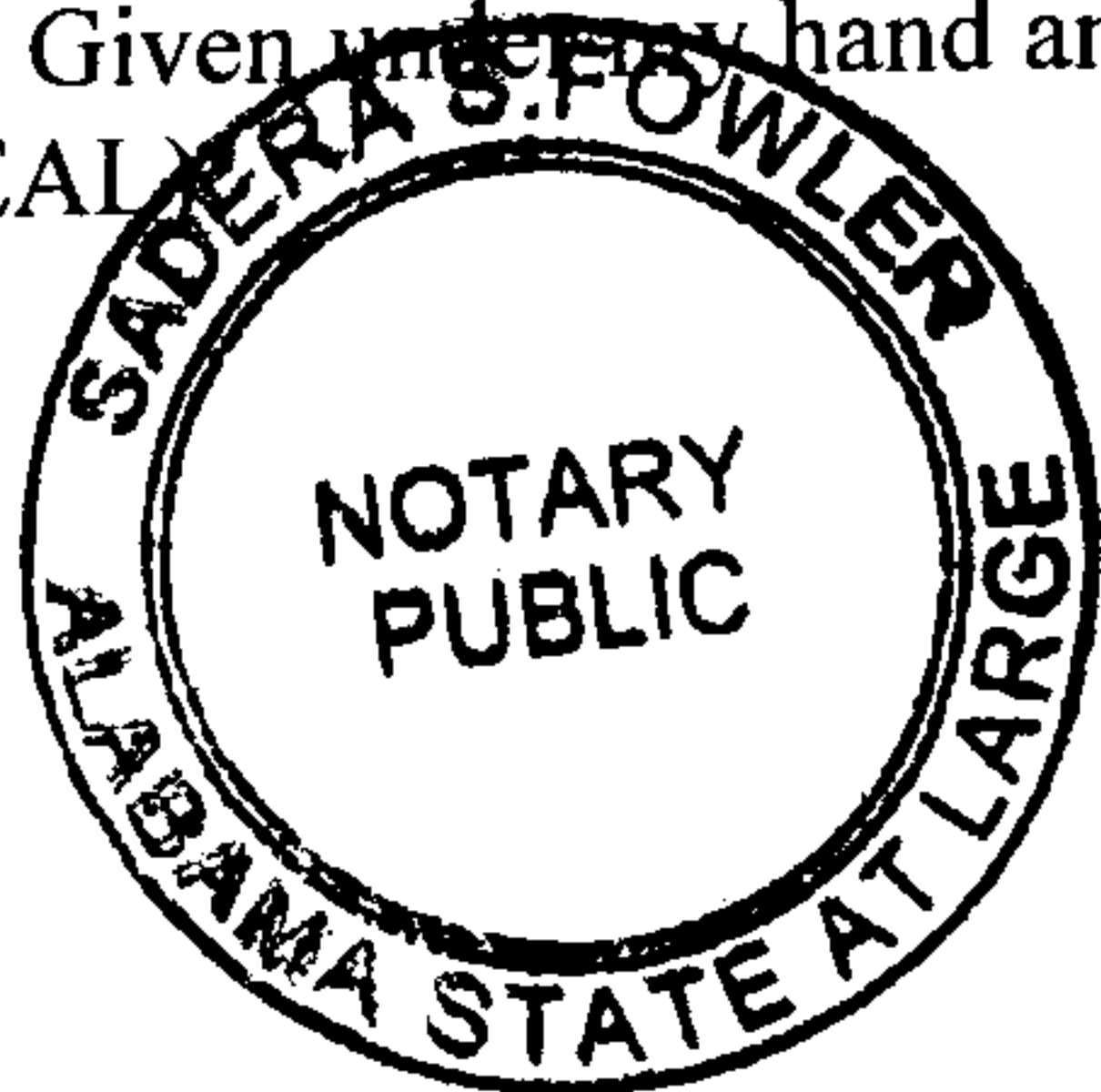
TELEPHONE: \_\_\_\_\_

STATE OF ALABAMA

COUNTY OF Talladega

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Gerald Vick whose name as an Alabama Medicaid claimant, a (single) (married) person, is signed to the foregoing instrument, and by Terrell Vick whose (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 30<sup>th</sup> day of March, 2022.  
(SEAL)



Sadra S. Fowler  
NOTARY PUBLIC  
1007 W. Fort Williams  
Sylacauga, AL 35150  
ADDRESS

Commission Expires 7/11/22

PREPARED BY: Sandy Allen  
AMA/Liens  
P O Box 5624  
Montgomery AL 36103-5624