

STATE OF ALABAMA
COUNTY OF Shelby

2736801

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Patricia L. Florence, ("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:

Lot 69, according to the amended map of Greystone Highlands, Phase Two, as recorded in Map Book 19, Page 25, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.



20220425000167900 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
04/25/2022 10:50:19 AM FILED/CERT

RECEIVED
APR 25 2022

Allison S. Boyd
Judge of Probate

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 22 day of December, 2021.

Patricia L. Florence
MEDICAID CLAIMANT

WITNESS: Adam W. Adams
ADDRESS: 3580 B Pelham Parkway
TELEPHONE: 205-664-2258

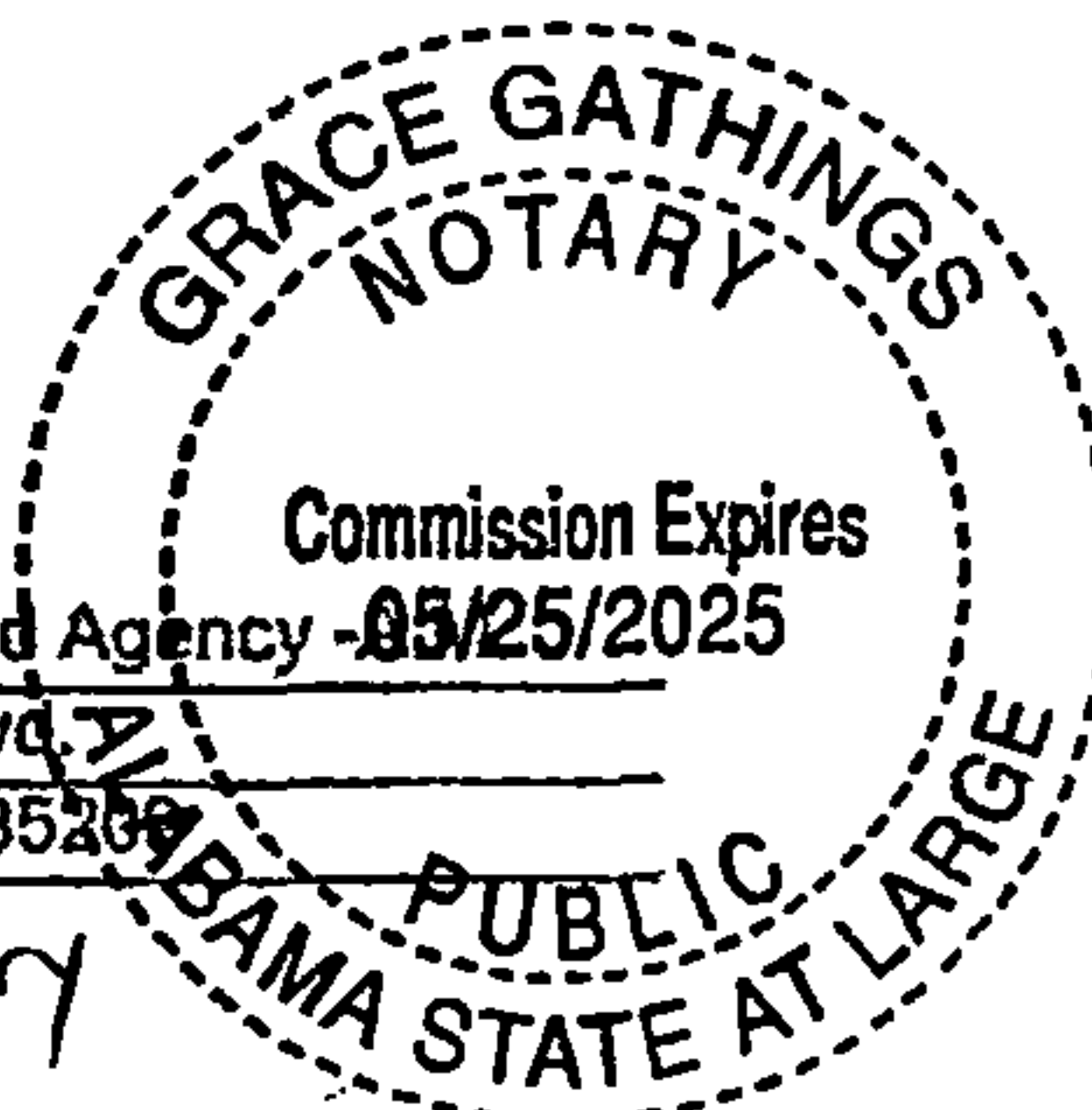
SPOUSE

WITNESS: Adam W. Adams
ADDRESS: 3580 B Pelham Parkway
TELEPHONE: 205-664-2258

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Patricia Florence 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 22 day of December, 2021.
(SEAL)



PREPARED BY: B'ham DO
Alabama Medicaid Agency - 05/25/2025
468 Palisades Blvd.
Birmingham, AL 35209

Grace Gathings
NOTARY PUBLIC
3590 B Pelham Parkway
ADDRESS

Commission Expires 5/25/25