

STATE OF ALABAMA
COUNTY OF SHELBY

2980101

20230320000075210 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
03/20/2023 11:22:33 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, FRED UNDERWOOD, ("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:

DEED DATE December 13, 1969

DEED BOOK & PAGE 260 / 857

Commence at the SW corner of SW 1/4 of the SW 1/4 of Section 36, Township 21, Range 1 West, thence north 2 deg. 30 min. West 457.4 feet; thence north along the same line 346 feet to a starting point. Thence south 84 deg. 15 min. west 665 feet, more or less to Egg and Butter Road; thence north 13 deg. 15 min. west 64 feet; thence north 11 deg. 15 min. west 6 feet; thence east and parallel with the north line of SE 1/4 of SE 1/4 of Section 35, Township 21, Range 1 West, 665 feet, more or less, to the west line of SW 1/4 of SW 1/4 of said Section 36; thence south along the same line 70 feet to a point of beginning; containing one acre, more or less

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 22 day of NOV, 2022.

Fred H Underwood
MEDICAID CLAIMANT

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

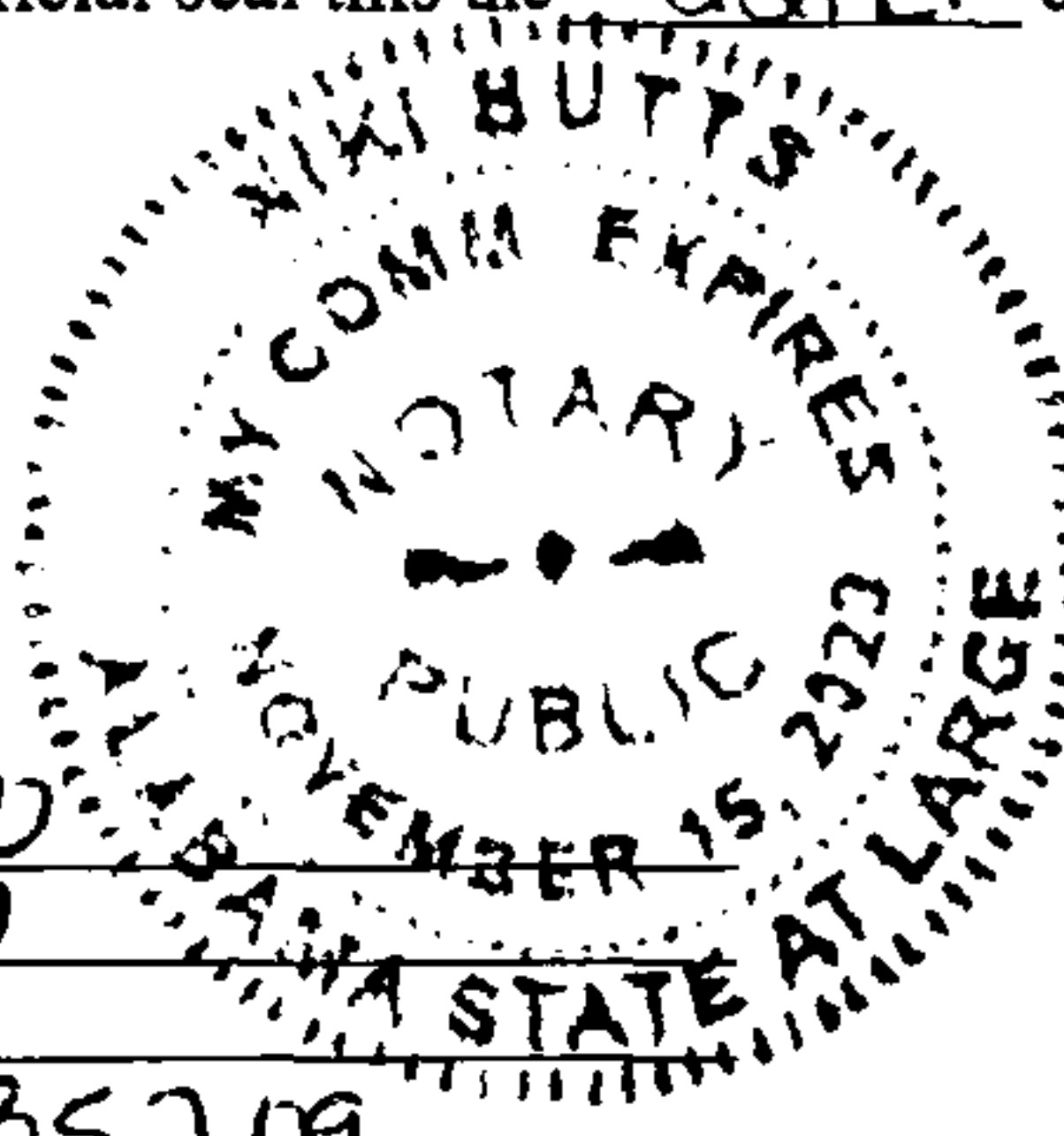
TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Talladega

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Fred H Underwood 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 22nd day of NOV, 2022.
(SEAL)



Nikki Butts
NOTARY PUBLIC

881 3rd St NE, Alabaster, AL 35007
ADDRESS

Commission Expires 11-15-23

PREPARED BY: B'ham DU
600 Beacon Pkwy W
#300
Birmingham AL 35209
Form 220 Revised 1/20/95
N Means

Alabama Medicaid Agency