20230710000204630 1/1 $22.00
Shelby Cnty Judge of Probate, AL
07/10/2023 12:03:45 PM FILED/CERT

STATE OF ALABAMA
COUNTY OF ~~Jefferson~~ Shelby

3000701

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, CHARLES BUTTEL III AKA Charles G. Buttel III, ("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
SUB DIVISON1: LAKES AT HIDDEN FOREST PH 1 MAP BOOK: 36 PAGE: 115
SUB DIVISON2: MAP BOOK: PAGE:

PRIMARY BLOCK: SECONDARY BLOCK:
PRIMARY LOT: 2 SECONDARY LOT:

METES AND BOUNDS:

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 14th day of April, 2023. Signed for Charles Buttel III By Charles Buttel II P.O.A.

MEDICAID CLAIMANT

SPOUSE

WITNESS: [signature] WITNESS: Carol Ann Buttel

ADDRESS: 305 Hidden Valley Pl ADDRESS: 29 Hidden Valley Dr.

TELEPHONE: 205 913-3468 TELEPHONE: 205-665-4819

Charles Buttel II POA Signed for by Charles Buttel III

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that _____ 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 14th day of April, 2023.

(SEAL)

Kenneth W. Jones
NOTARY PUBLIC

910 Main St, Montevallo, AL 35115
ADDRESS

Commission Expires ~~MY COMMISSION EXPIRES~~ FEBRUARY 9, 2025

PREPARED BY: Birmingham D.O.
ALABAMA MEDICAID AGENCY/ERS
600 BEACON PARKWAY W
BIRMINGHAM, AL 35208
E Sellers

Form 220 Revised 1/20/95

Alabama Medicaid Agency