

STATE OF ALABAMA
COUNTY OF JEFFERSON Shelby

2999/201



20230821000250490 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
08/21/2023 11:00:17 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA Jolene S Wolfe

Whereas, JOLENE WOLFE, ("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,

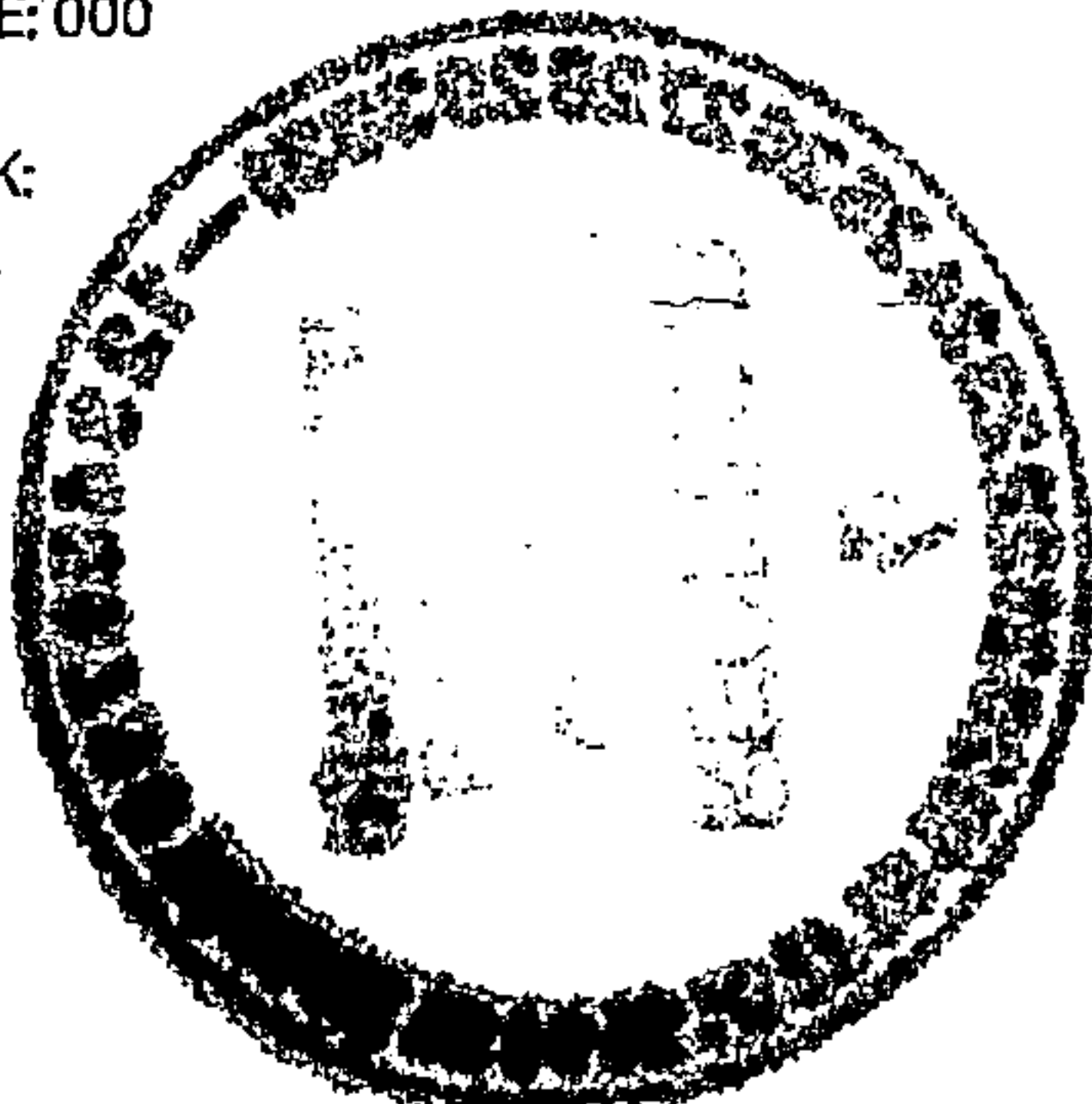
NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Claimant to obtain medical benefits under the Program, the Medicaid Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN, SELL, ASSIGN and CONVEY unto the Agency, its successors and assigns, a 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 DIVISION1: WATERFORD HIGHLANDS SECTOR 1 MAP BOOK: 27 PAGE: 137
SUB DIVISION2: MAP BOOK: 00 PAGE: 000

PRIMARY BLOCK: SECONDARY BLOCK:
PRIMARY LOT: 373 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 19 day of May, 20 23.

Jolene Wolfe Michael Marlow POA
MEDICAID CLAIMANT

John D. Wolfe Sr
SPOUSE

WITNESS: Penelope Z. Guffe
ADDRESS: 3016 Pump House Rd.
Birmingham, AL 35243
TELEPHONE: (205) 967-1010

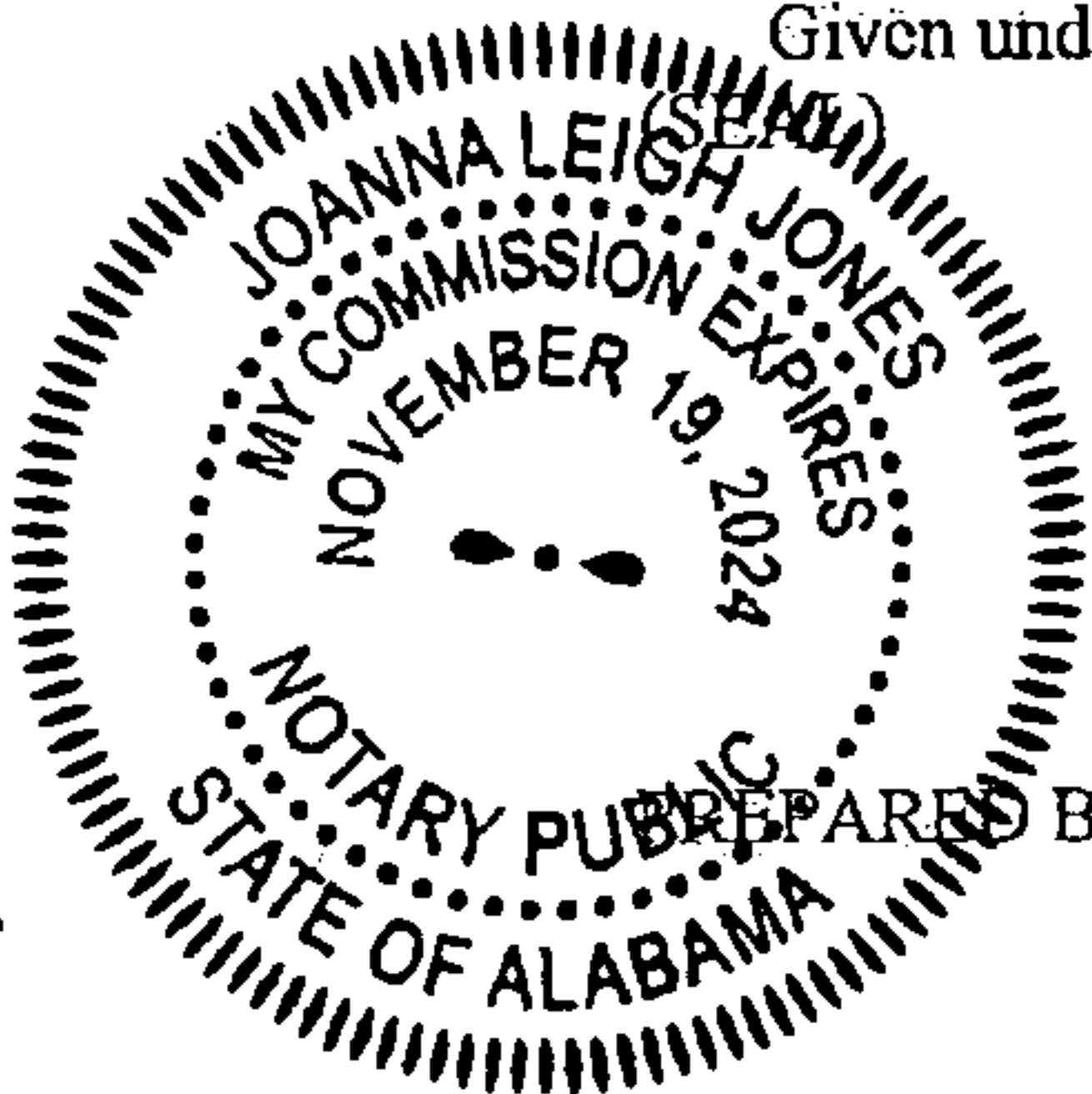
WITNESS: Cathy M. Miller
ADDRESS: 3016 Pump House Rd.
Birmingham, AL 35243
TELEPHONE: (205) 967-1010

STATE OF ALABAMA
COUNTY OF Jefferson

Jolene Wolfe, Michael Marlow-POA

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Jolene Wolfe, Michael Marlow-POA whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and John D. Wolfe Sr., John Wolf II (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 19th day of May, 20 23.



Joanna Leigh Jones
NOTARY PUBLIC
3016 Pump House Rd.
Birmingham, AL 35243
ADDRESS

Commission Expires 11/19/24

B'ham DO
PREPARED BY: ALABAMA MEDICAID/ERS
600 BEACON PARKWAY W #300
BIRMINGHAM, AL 35209

E Sellers