

STATE OF ALABAMA
COUNTY OF SHELBY

3007901

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Mary Kathryn Seifert, ("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:

E1/2 OF E1/2 OF NE1/4 OF NE1/4 SEC8 T20S R1E LYING N CO RD 438 & W CO RD 55



20230822000252340 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
08/22/2023 11:21:58 AM FILED/CERT

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 18th day of May, 2023.

Mary Kathryn Seifert
MEDICAID CLAIMANT

SPOUSE

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Mary Kathryn Seifert 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 23rd day of May, 2023.
(SEAL)

Jessica Harris
NOTARY PUBLIC

4714 Hwy 250 Harpersville AL 35078
ADDRESS

Commission Expires July 20, 2026

Birmingham D.O.
PREPARED BY: ALABAMA MEDICAID AGENCY
600 BEACON PKWY W STE 300
BIRMINGHAM, AL 35209
N. Means

Form 220 Revised 1/20/95

JESSICA HARRIS
Notary Public
Alabama State at Large

My Commission Expires
July 20, 2026
Alabama Medicaid Agency