

STATE OF ALABAMA  
COUNTY OF Shelby

3042801



20240212000034380 1/1 \$22.00  
Shelby Cnty Judge of Probate, AL  
02/12/2024 10:49:23 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

**AKA George M Adair**

Whereas, George Adair, ("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:

A part of the N ½ of NW ¼ of Section 30, Township 19 South, Range 2 East; more particularly described as: beginning at the NW corner of Section 30, Township 19, Range 2 East and run North 88 degrees – 34 East along the North line of said Section a distance of 1001.9 feet; thence South 200 feet to the point of beginning; thence SW 100 feet; thence SE 150 feet; thence NE 100 feet; thence 150 feet NW to point of beginning.

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 24th day of November, 2023

George Adair  
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 George Adair 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 24th day of November, 2023  
(SEAL)

Smise Bradley  
NOTARY PUBLIC  
850 9th Street NW Attabassee, AL 35007  
ADDRESS

Commission Expires 9/20/26

B'ham DO  
PREPARED BY: Alabama Medicaid Agency- TH  
600 BEACON PKWY SUITE 300  
BIRMINGHAM, AL 35209

T Hill  
Form 220 Revised 1/20/95

Alabama Medicaid Agency