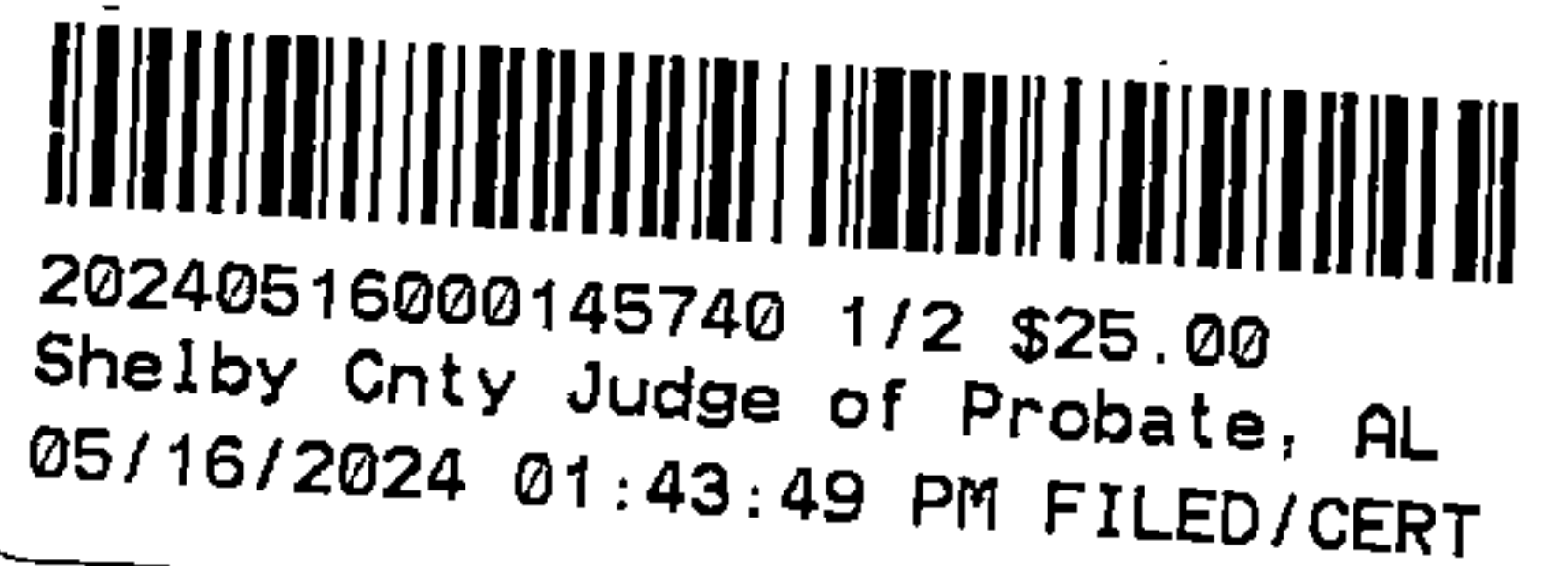


STATE OF ALABAMA
COUNTY OF Shelby

3059201



LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Georgene Beverly ("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:

BOOK: 45 PAGE: 057 LOT: 2
BLOCK: 000 ACREAGE: 1.440 SECTION: 21
TOWNSHIP: 225 RANGE: 03W

see attached Shelby Co AL Property 2023
Tax Statement - 1 page

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 19th day of March, 20 24

Georgene Beverly
MEDICAID CLAIMANT

SPOUSE

WITNESS: _____
ADDRESS: _____
TELEPHONE: _____

WITNESS: _____
ADDRESS: _____
TELEPHONE: _____

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Georgene Beverly 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 19th day of March, 20 24
(SEAL)

Smise Bradley
NOTARY PUBLIC
850 9th Street NW Alabaster, AL 35007
Commission Expires 9/20/26

B'ham DO
PREPARED BY: Alabama Medicaid Agency - CS
600 Beacon Parkway West, Ste 300
Birmingham, AL 35209

C. Steffes
Form 220 Revised 1/20/95

Alabama Medicaid Agency

Attached pl
Lien for
Beverly Georgene

3059201

20240516000145740 2/2 \$25.00
Shelby Cnty Judge of Probate, AL
05/16/2024 01:43:49 PM FILED/CERT



DON ARMSTRONG, ACTA
PROPERTY TAX COMMISSIONER

P.O. BOX 1269
COLUMBIANA, ALABAMA 35051
TELEPHONE: 205-670-6900
FAX: 205-670-6915

JACOB TIDMORE
PROPERTY TAX ADMINISTRATOR

DON MILES
CHIEF APPRAISER
CINDY CRABB
PERSONAL PROPERTY
SUPERVISOR
PAULA PORTER
COLLECTION/
ASSESSMENT SUPERVISOR
ROBERT PRESLEY
MAPPING SERVICES SUPERVISOR
JORDAN HADAWAY
IT/AUDITOR SUPERVISOR

Printed on: 1/2/2024

2023 TAX STATEMENT

Owner

BEVERLY GEORGENE

Mailing Address

1421 NABORS ST
MONTEVALLO AL 35115

PARCEL INFORMATION

Parcel Number	27 5 21 2 001 033.000
Receipt Number	88382
Account Number	12702044
Tax Year	2023
Tax & Cost	\$0.00
Escaped Taxes Due	\$0.00
Amount Paid	\$0.00
Total Due	\$0.00
Due Date	

ASSESSMENT INFORMATION

Location	1421 NABORS STREET MONTEVALLO AL 35115
Neighborhood	07 MONTEVALLO MUN. OF R-2
Subdivision	NABORS GARDENS
Lot	2
Block	000
Property Class	03
Acreage	1.440
Exempt Code	30
Municipality	07 - MONTEVALLO
School District	2
Disability Code	
Over 65 Code	X



VALUATION SUMMARY

Improvement Value	Land Value	Appraised Value	Assessed Value
\$42,330	\$56,220	\$98,550	\$9,860

TAX BREAKDOWN

Millage Type	Municipality	Assessed Value	Millage Rate	Tax	Tax Exemption	Total Tax
STATE	07 - MONTEVALLO	\$9,860	6.50	\$64.09	\$64.09	\$0.00
COUNTY	07 - MONTEVALLO	\$9,860	7.50	\$73.95	\$73.95	\$0.00
SCHOOL	07 - MONTEVALLO	\$9,860	16.00	\$157.76	\$157.76	\$0.00
DIST SCHOOL	07 - MONTEVALLO	\$9,860	14.00	\$138.04	\$138.04	\$0.00
CITY	07 - MONTEVALLO	\$9,860	7.00	\$69.02	\$69.02	\$0.00
FOREST	07 - MONTEVALLO	\$0	0.00	\$0.00	\$0.00	\$0.00
TAX TOTAL				\$502.86	\$502.86	\$0.00

Current Due \$0.00

Fees \$0.00

Payments \$0.00

Back Taxes \$0.00

TOTAL DUE \$0.00

Due Date