

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA Boyd Barton Tarpley

Whereas, Boyd Barton Tarpley ("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 parcel of land located in the NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Section 3, Township 22 South, Range 4 West, Shelby County, Alabama described as follows: Commence at the NW corner of said $\frac{1}{4}$ - $\frac{1}{4}$ section; thence run South 89 degrees 39 minutes 37 seconds East along the North boundary 130 feet; thence South 0 degrees 15 minutes 23 seconds West 413.21 feet; thence run South 57 degrees 05 minutes 04 seconds East 210 feet; thence run North 75 degrees 51 minutes 49 seconds East 53.02 feet to the point of beginning; thence run South 40 degrees 53 minutes 53 seconds East 206.78 feet; thence run South 37 degrees 44 minutes 30 seconds West 186.09 feet to the intersection of the NE right of way of Shelby County Highway No. 22; thence run North 57 degrees 30 minutes 32 seconds West along said right of way 3.44 feet to concrete right of way monument; thence run North 53 degrees 06 minutes 27 seconds West along said right of way 104.7 feet; thence run North 02 degrees 24 minutes 36 seconds East 114.29 feet; thence run North 23 degrees 51 minutes 46 seconds East 118.92 feet to the 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 31st day of December, 2025.

Boyd Barton Tarpley
MEDICAID CLAIMANT

WITNESS: Monique Spencer
ADDRESS: 2021 McFarland
TELEPHONE: 205 339-5300

SPOUSE

WITNESS: Ka Ugr
ADDRESS: 2021 McFarland Blvd
TELEPHONE: 205 339 5300

STATE OF ALABAMA
COUNTY OF TUSCALOOSA

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Boyd B Tarpley 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 31st day of December, 2025.
(SEAL)

[Signature]
NOTARY PUBLIC
2021 McFarland Blvd #L35476
ADDRESS

PREPARED BY: Kimberly Jones
907 22nd Avenue
Tuscaloosa, AL 35401

Commission Expires _____
My Commission Expires 11/25/2028