

MAIL STATE OF ALABAMA COUNTY OF SHELBY

3182501

20260413000108810 1/1 \$22.00 Shelby Cnty Judge of Probate, AL 04/13/2026 11:35:15 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA JOSEPH TOLBERT AKA JOSEPH F. Tolbert

Whereas, JOSEPH FAULKNER TOLBERT ("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 County, Alabama to-wit:

LOTS NUMBER 30, 32, AND 33, ACCORDING TO THOMAS' ADDITION TO THE TOWN OF ALDRICH, MAP TO WHICH WAS RECORDED IN THE OFFICE OF THE PROBATE JUDGE OF SHELBY COUNTY, ALABAMA, ON FEBRUARY 23, 1944, IN MAP BOOK 3, AND CONTAINING 3.45 ACRES, MORE OR LESS; SUBJECT TO EASEMENT FOR LIGHT, POWER, AND TELEPHONE LINES AND POLES AS SHOWN ON SAID MAP AND NOW SITUATED, ALSO WATER PIPES AS NOW SITUATED.



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 13th day of March, 2026.

MEDICAID CLAIMANT

WITNESS: K Smith ADDRESS: 107C Sturrett St Columbiana AL 35051 TELEPHONE: 205-669-1712

SPOUSE

WITNESS: [Signature] ADDRESS: 910 OR 33 Calera AL 35040 TELEPHONE: 205-669-1712

STATE OF ALABAMA COUNTY OF Shelby

I, the undersigned, A Notary Public in and for said State and County, hereby certify that Joseph Tolbert whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and NA (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 13 day of March, 2026.

(SEAL)

Debra Bradley Mobley NOTARY PUBLIC 11460 Hwy 17 Montevallo, AL 35115 ADDRESS Commission Expires 1-22-30

PREPARED BY: ALABAMA MEDICAID AGENCY 600 BEACON PKWY STE 300 BIRMINGHAM AL 35209 (S.W)