STATE OF ALABAMA
COUNTY OF SHELBY

1
1060
5003

## LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Uriel Hazriel Lowery, ("Medicaid Recipient") is justly indebted to the Alabama Medicaid Agency ("the Agency") to the extent that the Agency has paid medical benefits for Medicaid Recipient under the Alabama Medicaid Program ("the Program"); and

WHEREAS, Medicaid Recipient may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Recipient,

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Recipient to obtain medical benefits under the Program, the Medicaid Recipient, 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:

Commence at the southwest corner of SE¼ of SE¼, Section 34, Township 20, Range 3 West, and run thence east along the south boundary of said forty acres 466.81 feet to the point of beginning of the lot herein described; thence continue in an easterly direction along the south boundary of said forty acres 125 feet to a pin on the west line of a street; thence turn an angle of 90 degrees 47 minutes to the left and run along said street in a northerly direction 149.50 feet; thence turn an angle of 89 degrees 13 minutes to the left and run in a westerly direction and along the south line of Allen lot 125 feet to a pin; thence turn an angle of 90 degrees and 47 minutes to the left and run 149.5 feet to the point of beginning, containing 0.429 acres, more or less; situated in Shelby County, Alabama."

BOOK 373 PAGE 671

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
91 NOV 19 AM 9:28
JUDGE OF PROBATE

1.50
1.00
1.00
6.50

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: Legal Office, Alabama Medicaid Agency, 2500 Fairlane Drive, Montgomery, AL 36130. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid Recipient, and shall otherwise be enforceable in accordance with the limitations of 42 U.S.C. §1396a(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 17 day of Sept., 1991.

Her
Uriel Lowery
MEDICAID RECIPIENT

James W. Lowery died
SPOUSE

WITNESS: Connie Jean Huckabee
ADDRESS: P.O. Box 1074
TELEPHONE: 668-1647

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 Uriel Lowery whose name as an Alabama Medicaid recipient, a (single) (married) person, is signed to the foregoing instrument, and James W. Lowery (his) Died (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 17 day of September, 1991.

(SEAL)

Diane L. Carter
NOTARY PUBLIC
21 Houston Dr Alabaster Al.
ADDRESS
Commission Expires 12-28-94

PREPARED BY:
ALABAMA MEDICAID AGENCY
ELIGIBILITY DISTRICT OFFICE
85 BAGBY DRIVE, ROOM 307

AlaMed 82-4

Rev. 1-85