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Shelby Cnty Judge of Probate, AL
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STATE OF ALABAMA
COUNTY OF SHELBY

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY



Whereas, LAVERNE B HOWELL, ("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

Deed as recorded in Deed Book 1997 Page 36195

Parcel #: 1310120060 12000

Described as follows:

LOT 12, ACCORDING TO THE SURVEY OF WINDSOR RIDGE, AS RECORDED IN MAP BOOK 21 PAGE 68 IN THE PROBATE OFFICE OF SHELBY COUNT, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

Mineral and mining rights excepted.

Subject to taxes for 1998.

Subject to restrictions, covenants and conditions, transmission line permits, restrictions, limitations and conditions, and agreement by and between U.S. Pipe and Foundry and Alabama Power Company, of record.

Subject to rights of owners of property adjoining property in and to the joint or common rights in building situated on said lots, such rights include but are not limited to roof, foundation, party walls, walkway and entrance.

\$104,397.00 of the purchase price was paid from the proceeds of a mortgage loan closed simultaneously herewith.

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 27th day of September, 20 11

*Laverne B. Howell by
andoc. A. Howell as her
attorney in fact*

MEDICAID CLAIMANT

DECEASED

SPOUSE

WITNESS: [Signature]
ADDRESS: 4215 CL. ST. S. B'ham AL 35222
TELEPHONE: 205-545-8209

WITNESS: [Signature]
ADDRESS: 2850 Cahaba Rd., Bham, AL 35223
TELEPHONE: 205-870-4311

STATE OF ALABAMA
COUNTY OF JEFFERSON

I, the undersigned, A Notary Public in and for said State and County, hereby certify that LAVERNE B. HOWELL 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 27th day of September, 20 11
(SEAL)

[Signature]
NOTARY PUBLIC

2850 Cahaba Rd, Suite 230 B'ham, AL
ADDRESS

Commission Expires 5/21/2013

PREPARED BY: JHT- ALA MEDICAID AGENCY
907 22ND AV
TUSCALOOSA, AL 35401