

STATE OF Alabama  
COUNTY OF Shelby

21069

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

Whereas, Frances S. Lawley, ("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 lot in the NW 1/4 of NW 1/4 of Section 22, Township 21 South, Range 3 West, and more particularly described as follows: Begin at the NE corner of the NW 1/4 of NW 1/4 of said Section 22, and run West along the North boundary line of said 1/4-1/4 section 208.71 feet to a point; thence run South parallel with the East boundary of said 1/4-1/4 section a distance of 208.71 feet to a point; thence run East parallel with the North boundary of said 1-4-1/4 section; thence run North along the East boundary of said 1/4-1/4 section 208.71 feet to the point of beginning.



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Shelby Cnty Judge of Probate, AL  
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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. §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 26 day of October, 2016.

Danny E. Lawley - att or nex-in-fact for  
MEDICAID CLAIMANT  
Frances S. Lawley  
SPOUSE

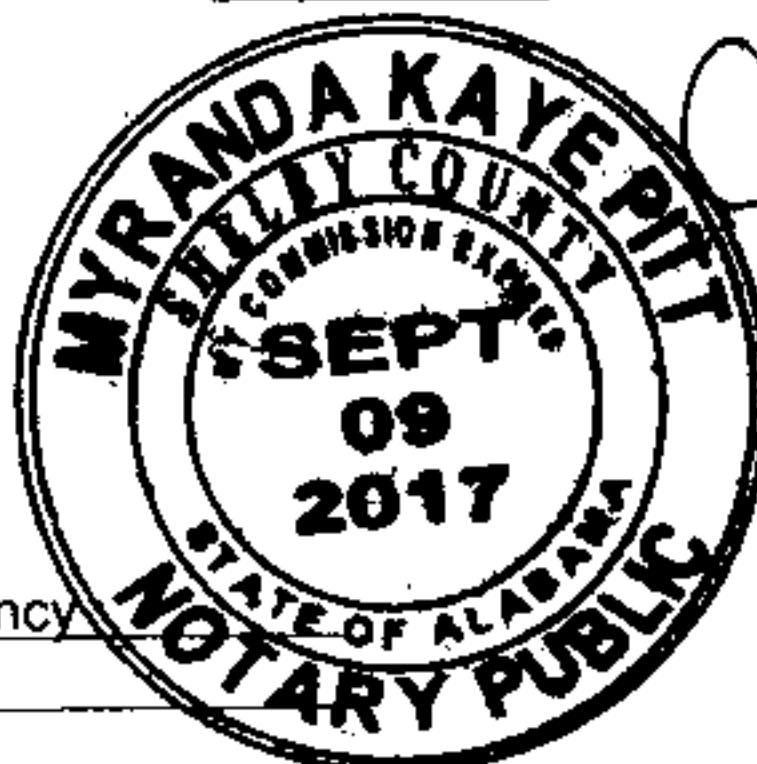
WITNESS [Signature]  
ADDRESS: 3590B Pelham Parkway  
TELEPHONE: 205 664 2258

WITNESS [Signature]  
ADDRESS: 3590B Pelham Parkway  
TELEPHONE: 205 664 2258

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I, the undersigned, A Notary Public in and for said State and County, hereby certify that Frances S. Lawley whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and n/a (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 26 day of October, 2016  
(SEAL)



[Signature]  
NOTARY PUBLIC  
ADDRESS: 3590-B Pelham Pkwy 35124  
Commission Expires 09/09/2017

PREPARED BY: Karen Stephens  
Alabama Medicaid Agency  
468 Palisades Blvd  
Birmingham, AL 35209