

FULL SATISFACTION OF RECORDED LIEN

Shelby Medical Center _____ **acknowledges full payment of the**

SM-85-2247

BOOK 103 PAGE 195

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
MAY 8 23

By: at: [Signature]
Donald J. Sides

STATE OF ALABAMA)
JUDGE OF PROBATE)
JEFFERSON COUNTY)

Given under my hand and official seal this the 14th day
of November, 1986.

Notary Public

My commission expires: 1-31-89