

STATE OF ALABAMA)

FULL SATISFACTION OF RECORDED LIEN

JEFFERSON COUNTY)

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Attorney
Shelby County Health Care Authorities
for D/B/A/ Shelby Medical Center acknowledges
full payment of the indebtedness secured by that certain judgment
in the case of Shelby County Health Care Authorities
D/B/A/ Shelby Medical Center V. Kim Melton SM89-00721, which said
judgment was recorded in the Office of the Judge of Probate of
Shelby County, Alabama, in Book No. 244, Page No. 521,
(and assigned to _____ in Book No. _____, Page No.
_____), and the undersigned does further hereby release and satisfy
said judgment.

IN WITNESS WHEREOF, the undersigned attorney has caused these
presents to be executed this the 9th day of July, 1992.

SIROTE & PERMUTT, P.C.

By: [Signature] Attorney

STATE OF ALABAMA)

JEFFERSON COUNTY)

I, the undersigned authority in and for said County, in said
State, certify that the above-signed attorney of Shelby County Health Care Au-
thorities D/B/A/ Shelby Medical Corporation, whose name is signed to the
Cen- foregoing instrument, acknowledged before me on this day, that
ter being informed of the contents of the instrument, he, as such
officer and with full authority, executed the same voluntarily for
and as the act of said corporation.

Given under my hand and official seal this the 9th day of
July, 1992

THIS INSTRUMENT WAS PREPARED BY:

SIROTE & PERMUTT, P.C.
2222 Arlington Avenue S.
P.O. Box 55727
Birmingham, AL 35255-5727
(205) 933-7111

39 Cedar Grove Park
Maple, AL 35114

[Signature]
Notary Public
My Commission Expires: 07/13/1992-13711
10:50 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE
001 MCD 6.50