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STATE OF ALABAMA) FULL SATISFACTION OF RECORDED LIEN
JEFFERSON COUNTY)
KNOW ALL MEN BY THESE PRESENT, That the undersigned,
Attorney for <u>Shelby County HEalth Care Authorities d/b/a Shelby</u>
Medical Center acknowledges full payment of
the indebtedness secured by that certain judgment in the case Shelby County Health Care Authorties of dba Shelby Medical Center vs Willie L. Woodson
DV 91 00173,, which said judgment was recorded in the
Office of the Judge of Probate of <u>Shelby</u> County,
Alabama, in Book No. 397 , Page No. 468 , (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 present to be executed this the $-4 ext{th}$ day of
January , 19 93.
Danuary , 19 33.
SIROTE & PERMUTE, P.C.
BY: BY: Attorney
Jeffrey H Wertheim Attorney For Creditor
STATE OF ALABAMA) / /
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開始 アプリー I, the undersigned authority, in and for the said

I, the undersigned authority, in and for the said State, in said State, certify that the above signed Attorney Exceptions County Health Care Authorties dba Shelby Medical Center, a Corporation, is signed to the foregoing instrument, acknowledged before me on this day, 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 $\frac{4 \, \text{th}}{4 \, \text{th}}$ day of $\frac{19 \, 93}{4 \, \text{th}}$.

THIS INSTRUMENT WAS PREPARED BY:

SIROTE & PERMUTT, P.C. 2222 Arlington Avenue South Post Office Box 55727 Birmingham, Alabama 35255 Notary Public

My commission expires: 670-93

P.O. Box 45 Silving 1AP 35144