2	STATE OF ALABAMA) FULL SA	ATISFACTION OF RECORDED LIEN
JEFFERSON COUNTY)		
	KNOW ALL MEN BY THESE PRESENTS, to Shelby County Health Care Author D/B/A/ Shelby Medical Center	that the undersigned, Attorney norities acknowledges
	full payment of the indebtedness sec	ured by that certain judgment
	in the case of Shelby County Health	Care Authorities
D/B/A/	/ Shelby Medical Center V . James C. SM88-013	Stanley, which said
	judgment was recorded in the Office	of the Judge of Probate of
	Shelby County, Alabama, in Boo	k No. 214, Page No. 908,
	(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 the30th day ofApril, 1993	
		1
	SIROTE & PERMUTT, P.C.	
	Muliga-13248rney	
	By:	175
	STATE OF ALABAMA)	05/26/1993-15248 05/26/1993-15248 03:10 PM CERTIFIED
	JEFFERSON COUNTY)	SHELBY COUNTY JODGE TO
Medi-	I, the undersigned authority in and for said County, in said State, certify that the above-signed attorney of Shelby County Health Care rities D/B/A/ Shelby, a corporation, whose name is signed to the i- foregoing instrument, acknowledged before me on this day, that being informed of the contents of the instrument, he, as such terofficer 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 $30t$ April, 1993 .		ial seal this the <u>30th</u> day of
	THIS INSTRUMENT WAS PREPARED BY:	Knisti m. Ledlow
	P.O. Box 55727 Birmingham, AL 35255-5727	Notary Public My Commission Expires: 11-21-95
	(205) 933-7111	