

SATISFACTION OF HOSPITAL LIEN


STATE OF ALABAMA
COUNTY JEFFERSON

INSTRUMENT #20010118000017860

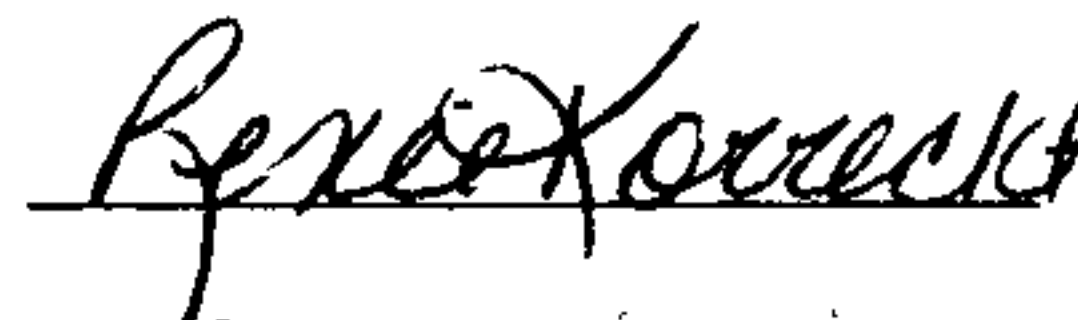
KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED **RENEE KORRECKT**, ACKNOWLEDGES FULL PAYMENT OF THE INDEBTNESS SECURED BY THAT CERTAIN HOSPITAL LIEN AGAINST **TAMMY ADAMS**, RECORDED IN THE OFFICES OF THE JUDGE OF PROBATE OF **SHELBY COUNTY**, ALABAMA, IN **COLUMBIANA**, ALABAMA, AND THE UNDERSIGNED DOES FURTHER HEREBY RELEASE AND SATISFY SAID LIEN.

ACCT # 4005512282
DATE OF ADMISSION - 12/7/10
AMOUNT - \$2857.00

IN WITNESS WHEREOF, THE UNDERSIGNED **RENEE KORRECKT**, HAS CAUSED THESE PRESENTS TO BE EXECUTED THIS 18th DAY OF JANUARY, 2017.


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Shelby Cnty Judge of Probate, AL
04/13/2017 12:07:56 PM FILED/CERT

BY:




Vendor Management Analyst

STATE OF ALABAMA
COUNTY OF JEFFERSON

CORPORATE ACKNOWLEDGEMENT

I, THE UNDERSIGNED, A **NOTARY PUBLIC** IN AND FOR SAID COUNTY AND SAID STATE, HEREBY ACKNOWLEDGE THAT **RENEE KORRECKT** WHOSE NAME AS VENDOR MANAGEMENT ANALYST A DULY APPOINTED AGENT OF **BROOKWOOD BAPTIST HEALTH**, A CORPORATION, IS SIGNED TO THE FOREGOING INSTRUMENT, AND WHO IS KNOWN TO ME, ACKNOWLEDGED BEFORE ME ON THIS DAY THAT, BEING INFORMED OF THE CONTENTS OF THE INSTRUMENT, SHE, AS SUCH AGENT AND WITH FULL AUTHORITY, EXECUTED THE SAME VOLUNTARILY FOR AND AS THE ACT OF SAID CORPORATION.

GIVEN UNDER MY HAND AND SEAL THIS 10TH DAY OF APRIL, 2017.


NOTARY PUBLIC
3/15/19
EXPIRATION DATE