

3609

SATISFACTION AND DISCHARGE

The undersigned hereby certifies that a certain ~~XXXXXX~~) dated the 11th day of March, 19 60, executed by Dr. Wallace T. Reese

as Conditional Vendee)* and ~~XXXXXX~~)
as Conditional Vendor)* who has assigned same to C.I.T. ~~XXXXXXXXXX~~)

Hill Dental Company, Inc.,
CORPORATION under date of March 11, 19 60, said instrument covering the personal property more particularly described therein and being in the principal amount of \$ 1,837.11 and ~~XXXX~~) in the office of Judge of Probate, Columbiana Alabama on the 11th day of March, 1960, in Book No. 265, of Mortgages, Page No. 147 under File No. _____ or Serial No. _____, IS PAID and the undersigned hereby authorizes that same be cancelled and discharged of record.

HILL DENTAL COMPANY, INC.

~~(Signature)~~ (Conditional Vendor) ~~(Signature)~~

(SEAL)
No Seal

By J. H. Hill President

CORPORATE ACKNOWLEDGMENT

STATE OF Alabama)
COUNTY OF Jefferson) SS:

On this 11th day of May, in the year 19 62, before me personally came H. H. Hill, to me known, who, being by me duly sworn, did depose and say that he resides in Pittsburgh, Alabama; that he is the President of Hill Dental Company, Inc., the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that he signed his name thereto by like order.

Charles Barker

Notary Public

INDIVIDUAL ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____) SS:

On the _____ day of _____, 19 _____, before me personally came _____, to me known and known to me to be the individual described in and who executed the above instrument, and he acknowledged to me that he executed the same.

STATE OF ALA. SHELBY CO.
I CERTIFY THIS INSTRUMENT
WAS FILED ON 5/17/62
5/17/62
RECORDED & 5/17/62 LIT. TAX
& 5/17/62 TAX HAS BEEN
PAID ON THIS INSTRUMENT.

(* STRIKE OUT ONE NOT APPLICABLE).

BOOK 220 PAGE 396