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KNOW ALL MEN BY THESE PRESENTS, That the undersigned,

Shelby Medical Center _____ acknowledges full payment of the

Shelby Medical Center vs David L. Hill

Office of the Judge of Probate of Shelby County,

in Book No. _____ Page No. _____), and the

BOOK 089 PAGE 607

August , 19 86 .

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
11 9 48

INSTRUMENT
1986 SEP -9 AM 9:46

I, the undersigned authority, in and for said County, in said State, certify that Donald J. Sides, whose name as Attorney of Shelby County Hospital Board - dba Shelby Medical Center, a corporation, is signed to the foregoing instrument, acknowledged before me on this day that, 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).

THIS INSTRUMENT WAS PREPARED BY:
Donald J. Sides
Sirote, Permutt, Friend, Friedman,
Held & Apolinsky, P.C.
2222 Arlington Avenue South
P. O. Box 55727
Birmingham, Alabama 35255

My commission expires: 6-20-87