1061

FULL SATISFACTION OF RECORDED LIEN

	Know All Men By These Presents, That, the undersigned <u>CARRAWAY METHODIST MEDICAL CENTER</u>						
_		-	-		edness secure	_	
()(SALKASAS KARAKAKAKAKAKAKA KAKASAKAN KANKAKAKA KAKAKA KAKA	ю ву <u>по</u>	<u>Spitai</u>	Lien ii	ieu against	CHE CO	. ;
<u>۔</u>	of Calvin Cooledge Bearden			·		•	
w	Hospital Lien hich said 水海米米海海海海 was recorded in the office of	the Inda	of Prob	ate Court o	Shelby	untv. Ala	hama. Ir
**		_				•	
_	Book No. 004 , Page No. 364 , XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
άĶ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KXXXXXX	and the u	ndersigned	does further h	ereby rel	ease and
	atisfy said maxigagex Hospital Lien.			· · ·	•		
51	unsiy sara aqaaqaax nospicar Eren.			••	•		
				:			
	8 · · · ·				•		
	•				•		
	i i	•		·			
				• .			
		· .			:		
				.:			
			;	-	``		
					· ·		
	In Witness Whereof, the undersigned, CARRAWAY METHODIST MEDICAL CENTER						
		3+ h		August		10	88
r	nas caused these presents to be executed this29	2611	ady or	11413		, 19	
			nauav M	FTHODIST	r MEDICAL CE	NTFR	
	STATE OF MA. SHELLIY CO.	LAK	KAWAT P	IET HODIS	A)	; ·	
7	I CERTIFY THIS INSTRUMENT WAS FILED	By:	Va	, W.	Courter		
2033			T+//	7 Preside:	, //	•	•
発し	88 SEP 15 AM 9: 11			, , <u>, , , , , , , , , , , , , , , , , </u>			
eH	,	•					
₹:	STATE OF ALABAMAN JUDGE OF PROBATE			GE	NERAL ACKI	HOWLED	GEMEI
800K	Notary Public						
æ	I, the undersigned, Judge of Probate, in and for said County in said State, hereby certify that whose name is signed to the foregoing instrument, and wi						
	is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he execute						
	the same voluntarily on the day the same bears date				• .		
	Given under my hand and Official seal this	s <u></u>	day	of	aeco f	thiles l	4 .28
			•	,	Recording For		
, 							****
	-		e of Pro		Index Pee	خا	1354.7
		. Note	Notary Public -	c ·	TOTAL	<u>۔</u> ۔ ب	S C
	CTATE OF ALADAMAN			:		. •	
	STATE OF ALABAMA) JEFFERSON COUNTY)			CORP	ORATE ACK	HOWLED	GEME
					<i>:</i>		•
)	Notary Public				. ,		
	I, the undersigned, Judy XXXXXXXXXXXXIII and for said County in said State, hereby certify that						
)	CARRAWAY METHODIST MEDICAL CENTER a corp to me, acknowledged before me on this day that, bein and with full authority, executed the same voluntari	poration, i ng informe	s signed t I of the c	to the foreg	oing instrumen the instrument	t, and who , he, as s	o is kno uch offi
	Given under my hand and Official seal this					,	19 88
7	\ HOLT, COOPER AND U			/	/		
	ATTORNEYS AT LAW		Josep	him	U SI	urce	<u></u>
	SAR FRANK NEURON BUILDIN	W AM	KK XK XX	X KANALA	en e		
	PROBATE-70 BIRMINGHAM, ALABAMA 3	:	ary Publ	ıc			
					•		