

196

STATE OF ALABAMA-
JEFFERSON COUNTY-

FULL SATISFACTION OF RECORDED LIEN

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED,
DONALD J. SIDES, ATTORNEY FOR:

SHELBY COUNTY HEALTH CARE AUTHORITIES D/B/A SHELBY MEDICAL C

ACKNOWLEDGES FULL PAYMENT OF THE INDEBTEDNESS SECURED BY
THAT CERTAIN JUDGMENT IN THE CASE OF:

SHELBY COUNTY HEALTH CARE AUTHORITIES D/B/A SHELBY MEDICAL
CENTER VS SANDRA BROWN IN THE SMALL CLAIMS COURT OF SHELBY
COUNTY ALABAMA , SM8801539

WHICH SAID JUDGMENT WAS RECORDED IN THE OFFICE OF THE JUDGE
OF PROBATE OF SHELBY COUNTY, ALABAMA, IN BOOK NO. ,
PAGE NO. , AND THE UNDERSIGNED DOES FURTHER HEREBY RELEASE
AND SATISFY SAID JUDGMENT.

IN WITNESS WHEREOF, THE UNDERSIGNED, HAS CAUSED THESE
PRESENTS TO BE EXECUTED THIS THE 14TH DAY OF DECEMBER, 1988.

SIROTE, PERMUTT, FRIEND, FRIEDMAN,
HELD & APOLINSKY, P.C.

BY:

BY: — 

STATE OF ALABAMA-
JEFFERSON COUNTY-

FOR SATISFACTIONS OF JUDGEMENTS ONLY

I, THE UNDERSIGNED AUTHORITY, IN AND FOR SAID COUNTY,
IN SAID STATE, CERTIFY THAT DONALD J. SIDES, WHOSE NAME AS
ATTORNEY OF SHELBY COUNTY HEALTH CARE AUTHORITIES D/B/A SHELBY MEDI
IS SIGNED TO THE FOREGOING INSTRUMENT, ACKNOWLEDGED BEFORE ME ON
THIS DAY THAT, BEING INFORMED OF THE CONTENTS OF THE INSTRUMENT,
HE, AS SUCH ATTORNEY AND WITH FULL AUTHORITY, EXECUTED THE SAME
VOLUNTARILY FOR AND AS THE ACT OF SAID PLAINTIFF.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS THE 14TH DAY OF
DECEMBER, 1988.

NOTARY PUBLIC: 

MY COMMISSION EXPIRES: 1-31-89

THIS INSTRUMENT WAS PREPARED BY:

DONALD J. SIDES
SIROTE, PERMUTT, FRIEND, FRIEDMAN,
HELD AND APOLINSKY, P.C.
2222 ARLINGTON AVENUE SOUTH
BIRMINGHAM, ALABAMA 35255


DEBTOR # 9093691

LOCATOR # 633-4-309

COURT #

STATE OF ALA. DEPT. OF REVENUE
I CERTIFY THIS
INSTRUMENT WAS FILED

89 JAN -3 PM 6:45


JUDGE OF PROBATE

BOOK 220 PAGE 622