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 ANDREW R LAWLEY IN THE DISTRICT COURT OF SHELBY COUNTY ALABAMA CIVIL DIVISION, DV8600554

WHICH SAID JUDGMENT WAS RECORDED IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA, IN BOOK NO. 110 , PAGE NO. 459. 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 4TH DAY OF MAY. 1989.

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

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, MHOSE 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 DEFICIAL SEAL THIS THE 4TH DAY OF MAY + 1989 +

NOTARY PUBLIC:

MY COMMISSION EXPIRES:

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 # 4715817

CO LOCATOR # 611-6-328

COURT # 644

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STATE OF ALA, SHELEN OLD I CERTIFY THIS MISTRUMENT WAS FILL.

89 MAY 17 AM 8: 59

JUDGE OF PROBATE