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 EDDIE N. EDWARDS IN THE SMALL CLAIMS COURT OF SHELBY COUNTY ALABAMA , SM8801298

WHICH SAID JUDGMENT WAS RECORDED IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA, IN BOOK NO. 206 , PAGE NO. 700, 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, BY: HELD & APOLINSKY, P.C.

STATE OF ALABAMA-

JEFFERSON COUNTY-

BY: \_ Oured J. Aide

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 4TH DAY OF MAY, 1989.

NOTARY PUBLIC:

MY COMMISSION EXPIRES:

THIS INSTRUMENT WAS PREPARED BY:

DONALD J. SIDES STROTE, PERMUTT, FRIEND, FRIEDMAN,

HELD AND APOLINSKY, P.C. 2222 ARLINGTON AVENUE SOUTH BIRMINGHAM, ALABAMA 35255

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILE:

DEBTOR # 7944135

89 MAY 17 AH 8: 59

LOCATOR # 654-5-810

JUDGE OF PROBATE

COURT #

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