| - | STATE OF ALABAMA) TEFFERSON COUNTY) TO FULL SATISFACTION OF RECORDED LIEN |
|------------|---|
| | JEFFERSON COUNTY) 3 |
| | KNOW ALL MEN BY THESE PRESENTS, That the undersigned, |
| | Donald J. Sides, Attorney for Shelby County Hospital Board |
| | DBA Shelby Medical Center acknowledges full payment of the |
| | indebtedness secured by that certain judgment in the case of Shelby County Hospital Board DBA Shelby Medical Center vs. Sallie Locke, which said |
| | SM-85-00655 judgment was recorded in the Office of the Judge of Probate of |
| | Shelby County, Alabama, in Book No, Page |
| | No. 489 , (and assigned to in Book |
| : | *No, Page No), and the undersigned does further |
| | hereby release and satisfy said judgment. |
| | IN WITNESS WHEREOF, the undersigned, Donald J. Sides, |
| 885 | has caused these presents to be executed this the 10th day of |
| PAUE | October , 19 89 . |
| 260 270 | " T CENTER WAS TO FRIEND, PRIEDMAN, HELD & APOLINSKY, P.C. |
| B00K | 89 OCT 11 AM 10: 05 By: Mul Que |
| | By: Miles Donald J. Sides Donald J. Sides For Satisfactions of Judgments Only |
| | STATE OF ALABAMA) |
| | JEFFERSON COUNTY) |
| | 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 Centercorporation, 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 |
| : | Given under my hand and official seal this the 10th day of October 1989 |
| | Latin Manies |
| | This Instrument was prepared Notary Public My Commission Expires 11/10/19 |
| | 2222 Arlington Avenue South |
| ٠ | Birmingham, Alabama 35255 form our |