4667

STATE OF ALABAMA-

FULL SATISFACTION OF RECORDED LIEN

JEFFERSON COUNTY-

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 NINA J FOUST IN THE SMALL CLAIMS COURT OF SHELBY COUNTY ALABAMA , SM8801721

WHICH SAID JUDGMENT WAS RECORDED IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA, IN BOOK NO. 235 , PAGE NO. 210, 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 20TH DAY OF OCTOBER, 1989.

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

BY: Donald J. Sides

FOR SATISFACTIONS OF JUDGEMENTS 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 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 20TH DAY OF OCTOBER, 1989.

NOTARY PUBLIC: Patricia M Jones

MY COMMISSION EXPIRES: MY COMMISSION EXPIRES JULY 5, 1993

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 # 7579436

LOCATOR # 633-3-823

COURT # 644

BOOK 263 PAGE 860

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

89 OCT 31 AM 8:54

JUDGE OF PROBATE