1510

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 ROSIE MARIE HUDSON IN THE SMALL CLAIMS COURT OF SHELBY COUNTY ALABAMA . SM8903741

WHICH SAID JUDGMENT WAS RECORDED IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY. ALABAMA. IN BOOK NO. 244 . PAGE NO. 47. 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 12 THE DAY DE LANUARY, 1990. 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, WHOSE NAME AS ATTORNEY OF SHELBY COUNTY HEALTH CARE AUTHORITIES D/8/A SHELRY 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 12TH DAY OF **JANUARY**, 1990.

NOTARY PUBLIC: Latricia M. Jones

MY COMMISSION EXPIRES: MY COMMISSION EXPIRES JULY 5, 1998

THIS INSTRUMENT WAS PREPARED BY:

DONALD J. SIDES

ISIROTE, PERMUTT, FRIEND, FRIEDMAN,

HELD AND APPLINSKY. P.C.

OO 2222 ARLINGTON AVENUE SOUTH

BIRMINGHAM+ ALABAMA 35255

8630568 DEBTOR #

LDCATOR # 658-5-602

S COURT # 644

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

90 JAN 22 AM 8: 56

 ∞