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 GWENITHA LILLY IN THE SMALL CLAIMS COURT OF SHELBY COUNTY ALABAMA . \$M8801344

WHICH SAID JUDGMENT WAS RECORDED IN THE DEFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA, IN BOOK NO. 237, PAGE NO. 449, 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 2ND DAY OF MARCH, FRIEDRAN, SIROTE, PERMUTT, FRIEND, FRIEDRAN, HELD & APOLINSKY, P.C.

BY:

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 DEFICIAL SEAL THIS THE 2ND DAY OF MARCH: 1990.

NOTARY PUBLIC:

MY COMMISSION EXPIRES:

THY COMMISSION EXPIRES NAY & YORK

THIS INSTRUMENT WAS PREPARED BY:

DONALD J. SIDES

SIROTE, PERMUTT, FRIEND, FRIEDMAN,

HELD AND APOLINSKY. P.C.

2222 ARLINGTON AVENUE SOUTH

RIRMINGHAM, ALABAMA 35255

DEBTOR # 9094475

LOCATOR # 632-4-817

COURT # 644

STATE OF ALA. SHELDING.

I CERTIFY THIS
INSTRUMENT WAS FILED

90 MAR 13 PM 3: 32

JUDGE OF PROBATE