!	· »				$\mathcal{O}$	,			
	STATE	OF ALABA	AMA )		FULL	SATISFACTI	ON OF REC	CORDED LIEN	Ī
	SHELBY	COU	NTY )						
		KNOW ALL	MEN BY	THESE PRE	SENTS,	that the u	ndersign	ed, Attorne	·Y
	_	Shelby	County	7 Health Ca	re Aut	chorities		acknowledge	
			-	z Medical (				-	
	full	payment o	of the	indebtedn	ess se	cured by t	hat certa	ain judgmen	it
	in the case of Shelby County Health Care Authorities								
D/B/	A/ She	lby Medi	cal Ce	enter V.	Agnes	Ellison &	Bobby Jo <u>Ellison</u>	e , which sai	id
	iudam	ent was	recor	ded in the	DV88-2	227	:	Probate o	
		<b>-</b>						No. 20	
	(and	assigned	to			in Book	No	, Page No	· .
	), and the undersigned does further hereby release and satisfy								
	said judgment.								
	IN WITNESS WHEREOF, the undersigned attorney has caused these								
judu. judu. 182									
 C		nts to be	e exec	uted this t	ne <u>16</u>	h_ day or _	April	, 1992_	<b>-</b> *
<u> </u>	83					1			
_	h hade				SIRO	re & Permu	TT/P.C/		
ŗ	411444 29-266					4/1	7		
	7 - K				By:	12/1/		Attorne	<u>∋⊼</u>
	H O	OF ALAB							
	STATE	OF ALAB	AMA )	1					
	SHELBY	COU	NTY						
dical	State rities foreg rbeing offic	certify D/B/A/ oing ins informe	y that Shelby trume ed of ith fu	the above- Me, a cornt, acknown the conte	porati ledged nts of ty, ex	l attorney of on, whose l before me the instended the	of <u>Shelby</u> name is s e on thi crument,	nty, in same of the county He igned to the same of the county for the countarily for the	ealth Care he at ch
	Apr		der m		offic	ial seal t	his the	<u>16th</u> <b>day</b> (	of
				PREPARED	BY:	Griste	9m.	Ledlon	
	2222	E & PERM Arlingto Box 5572	n Avei			Notary Pul My Commiss	olic ion Expira	es: [1-2]-	25
	_	ngham, A		255-5727					

(205) 933-7111 Central State Bank