

6.50

JEFFERSON COUNTY)

dba Shelby Medical Center acknowledges full payment of

SM 86 02253 _____, which said judgment was recorded in the Office of the Judge of Probate of Shelby _____ County, Alabama, in Book No. 107 _____, Page No. 192 _____, (and assigned to _____ in Book No. _____ Page No. _____), and the undersigned does further hereby release and satisfy said judgment.

SIROTE & PERMUTT, P.C.

STATE OF ALABAMA)

JEFFERSON COUNTY)

I, the undersigned authority, in and for the said county, in said State, certify that the above signed Attorney of Shelby County Health Care Authorities dba Shelby Medical Center, a corporation, is signed to the foregoing instrument, acknowledged before me on this day, being informed of the contents of the instrument, he (as such Officer and with full authority), executed the same voluntarily (for and as the act of said Corporation).

Given under my hand and official seal this the
4th day of August 1992.

THIS INSTRUMENT WAS PREPARED BY:

SIROTE & PERMUTT, P.C.
2222 Arlington Avenue South
Post Office Box 55727
Birmingham, Alabama 35255

Richard M. Graham
Notary Public

My commission expires: 6-10-93

08/14/1992-17131
03:02 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCB