

## FULL SATISFACTION OF RECORDED LIEN

JEFFERSON COUNTY )

KNOW ALL MEN BY THESE PRESENT, That the undersigned,  
Attorney for Shelby County Health Care Authorities  
D/B/A/ Shelby Medical Center 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  
Ruel Johnson  
V. Knight, III, which said judgment was recorded in the  
DV89-00769  
Office of the Judge of Probate of Shelby County,  
Alabama, in Book No. 325, Page No. 413, (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 present to be executed this the 4th day of August, 1993.

**SIROTE & PERMUTT, P.C.**

BY: [Signature], Attorney

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 D/B/A/ 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 1993.

THIS INSTRUMENT WAS PREPARED BY:

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

Kristi M. Ledder  
Notary Public  
Inst # 1993-24897  
My commission expires: 11-21-95

My commission expires: 11/21/90

08/20/2024 08:09 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MCD 8.50