STATE OF ALABAMA)

JEFFERSON COUNTY)

FULL SATISFACTION OF RECORDED LIEN

KNOW ALL MEN BY THESE PRESENT, That the undersigned, Attorney for Shelby County Hospital -DBA Shelby Medical Center _____ acknowledges full payment of the indebtedness secured by that certain judgment in the case of Shelby County Hospital -DBA Shelby Medical Center _____ V. Johnny E. Jones, which said judgment was recorded in the SM 9101284 Office of the Judge of Probate of Shelby County, Alabama, in Book No. 374, Page No. 237, (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 1ST day of September, 19 93.

SIROTE & PERMUTT, P.C.

BY: _____, Attorney

Inst # 1993-27736

09/10/1993-27736
02:31 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 8.50

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 Hospital 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 1ST day of September 19 93.

THIS INSTRUMENT WAS PREPARED BY:

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

_____
Notary Public

My commission expires: 10-23-94

F.N.B.C.