



CARRAWAY METHODIST
MEDICAL CENTER

SATISFACTION OF LIEN

State of ALABAMA

Patient Name CAROLYN GALLO

County of SHELBY

Hospital Acct# 26044297

Case # 1993 39837

Date of Service 10 02 1993

Before me the undersigned authority, personally appeared _____
SANDRA SULLIVAN, who is known to me, who, upon being sworn and
deposes says that she is a representative of the firm Carraway
Methodist Medical Center, a corporation; that the lien filed with
the probate court of SHELBY county against _____
CAROLYN GALLO, in the amount of \$52,797.00, has been
satisfied in full and that no further sums are owed by _____
CAROLYN GALLO, to Carraway Methodist Medical Center.

Sandra Sullivan

For Carraway Methodist Medical Center

Sworn before me DONNA ELLENBURG, the 10 day of
NOVEMBER, 1994.

Donna Ellenburg

Notary Public

Inst # 1994-34017

11/15/1994-34017
09:43 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 NCD 8.50
Good Care For Good People
Birmingham, AL 35234 • (205) 226-6000

Suote