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|-------------------------------|---------------------------------------------|---------------------------------|
| Locator #<br><b>646-3-411</b> | <b>CERTIFICATE OF JUDGMENT</b><br><i>34</i> | Case Number<br><b>SM9400724</b> |
|-------------------------------|---------------------------------------------|---------------------------------|

**SMALL CLAIMS COURT OF SHELBY COUNTY ALABAMA DIVISION**

Plaintiff: **SHELBY COUNTY HEALTH CARE  
AUTHORITIES DBA SHELBY  
MEDICAL CENTER**  
Attorney: **SIROTE & PERMUTT, P.C.**

Judgment date: **8/19/1994**

Judgment: **765.50**  
Costs: **42.00**  
Other: **.00**  
TOTAL: **807.50**

Defendant(s): **NELSON, CAROLYN H**  
**18820563**  
**P O BOX 477**  
**ALABASTER, AL 35007**

Inst # ~~1996-00420~~

**02/01/1996-03423**  
**02:11 PM CERTIFIED**  
**SHELBY COUNTY JUDGE OF PROBATE**  
**. 001 NCB 8.50**

Judgment Rendered in Favor of:

☒ Plaintiff

☐ Defendant

I, the undersigned, Clerk of the above-named Court, hereby certify that the plaintiff(s) recovered of the defendant(s) a judgment (with) (without) waiver of exemptions as described above. I further certify that the law firm listed below is the plaintiff's attorney of record.

Given under my hand this date **12-28-95**

**SIROTE & PERMUTT, P. C.**  
**P.O. BOX 55727**

**BIRMINGHAM, AL 35255**  
**(205) 933-7111**

*Don R. Russo* *Sm*

Signature of Judge or Clerk/Register

(Deputy Clerk  
Initials)