

STATE OF ALABAMA)  
JEFFERSON COUNTY)

**FULL SATISFACTION OF RECORDED LIEN**

Know All Men By These Presents, That, the undersigned **BESSEMER CARRAWAY MEDICAL CENTER**, acknowledges full payment of the indebtedness for reasonable charges for hospital care, treatment, and maintenance necessitated by injuries, and which lien was recorded in the office of the Judge of Probate Court of Shelby County, Alabama, in Real Book No. 1996, Page No 30554, and the undersigned does further hereby release and satisfy said lien.

NAME: Vincent R. Vess

ACCOUNT NUMBER: 153576533

AMOUNT: \$1,308.00


**COPY TO:**

Vincent R. Vess  
1275 Stevens Road  
Bessemer, Al. 35220

Inst # 1996-33290

10/07/1996-33290  
11:29 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
8.50  
001 SMA

In Witness Whereof, the undersigned, **STEPHEN M. JONES**, as Attorney for **Bessemer Carraway Medical Center**, has caused these presents to be executed this 30th day of September, 1996.

  
By: Stephen M. Jones  
Attorney for Bessemer Carraway Medical Center  
P.O. Box 847  
Bessemer, Alabama 35021

STATE OF ALABAMA)  
JEFFERSON COUNTY)

**CORPORATE ACKNOWLEDGEMENT**

I, the undersigned, Notary Public, in and for said County in said State, hereby certify that **STEPHEN M. JONES**, whose name as Attorney for Bessemer Carraway Medical Center, a corporation, is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, 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 30th day of September, 1996.

DATE FILED: \_\_\_\_\_

  
Notary Public