

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 Inst. #30707 Book No. \_\_\_\_\_, Page No. \_\_\_\_\_, and the undersigned does further hereby release and satisfy said lien.

NAME: Randall Langford

ACCOUNT NUMBER: 153581632

AMOUNT: \$733.00

COPY TO:

Levy C. Langford  
455 Honeysuckle Road  
Helena, Al. 35080

# 1997-02836  
28/1997-02836  
12:08 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 SNA 8.50

In Witness Whereof, the undersigned, STEPHEN M. JONES, as Attorney for Bessemer Carraway Medical Center, has caused these presents to be executed this 23rd day of January, 1997.

Stephen M. Jones  
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 23rd day of January, 1997.

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

Boy Stephens  
Notary Public