02/10/97								
STATE OF ALABAMA	)	<b>16</b> 7	TT T	SATISFACTION OF RECORDED LIEN				
JEFFERSON COUNTY	)	FULL SMILDING ION OF RESCONDED MAIN						
KNOW	ALL	MEN	BY	THESE	PRESENTS,	That	the	undersigned,
W. MCCOLLUM HALCOMB, Attorney for SHELBY COUNTY HEALTH CARE AUTHORITIES D/B/A								
SHELBY-MEDICAL CENTER, acknowledges full payment of the indebtedness secured by that certain								
judgment in the case of SHELBY COUNTY HEALTH CARE AUTHORITIES D/B/A SHELBY MEDICAL								
CENTER vs. FRANKLINE E. SMITH, CIVIL ACTION NO. DV9500204, which said judgment was								
recorded in the Office of the Judge of Probate of SHELBY County, Alabama, in Book No. 1995, Page								
No. 20785, (and assigned	to			in Book	No	Page No	). <u> </u>	), and the
undersigned does further hereby release said judgment.								
IN WITNESS WHEREOF, the undersigned, W. MCCOLLUM HALCOMB, has caused								
these presents to be executed this the 10th day of February, 1997.								
SIROTE & PERMUTT, P.C.								
BY: MCCOLLUM HALCOMB (HAL030)								
STATE OF ALABAMA	)							
JEFFERSON COUNTY	)	ı						

I, the undersigned authority, in and for said County in said State, certify that W. MCCOLLUM HALCOMB, whose name as Attorney of SHELBY COUNTY HEALTH CARE AUTHORITIES D/B/A SHELBY MEDICAL CENTER, a corporation, is signed to the foregoing instrument, 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 the 10th day of February, 1997.

Notary Public

My Commission Expires January 17, 1999

THIS INSTRUMENT WAS PREPARED BY: SIROTE & PERMUTT, P.C. 2222 ARLINGTON AVENUE SOUTH POST OFFICE BOX 55727 BIRMINGHAM, AL 35255-5727

O2/24/1997-O5789
O1:49 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
OO1 NCD 8.50