

STATE OF ALABAMA)

FULL SATISFACTION OF RECORDED LIEN

JEFFERSON COUNTY)

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. SYLVIA KELOW, CIVIL ACTION NO. SM90-01953, which said judgment was recorded in the Office of the Judge of Probate of SHELBY County, Alabama, in Book No. 343, Page No. 921, (and assigned to _____ in Book No. _____ Page No. _____), 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 24th day of February, 1997.

SIROTE & PERMUTT, P.C.

BY:

Inst # ~~V194000000~~ V194000000 HALCOMB (HAL030)

STATE OF ALABAMA)

JEFFERSON COUNTY)

03/05/1997-06764
09:00 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 SNA 9.50

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 24th 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