

TP-1926

STATE OF ALABAMA     )  
JEFFERSON COUNTY    )

**FULL SATISFACTION OF RECORDED LIEN**

**KNOW ALL MEN TO THESE PRESENTS**, That the undersigned, **W. McCollum Halcomb**, Attorney for **Shelby Baptist Medical Center FKA Shelby County Health Care DBA Shelby Medical Center**, acknowledges full payment of the indebtedness secured by that certain judgment in the case of **Shelby Baptist Medical Center FKA Shelby County Health Care DBA Shelby Medical Center vs. Sybille Lilly**, Case No: **SM96-1208**, which said judgment was recorded in the Office of the Judge of Probate of **Shelby County, Alabama**, in Book No: **1997** Page No: **3990**, 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 21 day of August, 1997.


**HALCOMB & WERTHEIM, P.C.**

BY: 

STATE OF ALABAMA     )  
JEFFERSON COUNTY    )

I, the undersigned authority, in and for said County in said State, certify that **W. McCollum Halcomb**, whose name of Attorney of **Shelby Baptist Medical Center FKA Shelby County Health Care DBA Shelby Medical Center**, a corporation, is signed to the foregoing 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 21<sup>st</sup> day of August, 1997.

  
**NOTARY PUBLIC**  
My Commission Expires: 3-13-00

**THIS INSTRUMENT WAS PREPARED BY:**  
**HALCOMB & WERTHEIM, P.C.**  
2231 1st Avenue North  
Post Office Box 12005  
Birmingham, Alabama 35202-2005

**Inst # 1997-33915**

**10/17/1997-33915**  
**01:54 PM CERTIFIED**  
**SHELBY COUNTY JUDGE OF PROBATE**  
001 SNA 8.50