01/14/98
STATE OF ALABAMA) FULL SATISFACTION OF RECORDED LIEN SHELBY * COUNTY)
KNOW ALL MEN BY THESE PRESENTS, that the undersigned, RODNEY E. SHELBY BAPTIST MEDICAL CENTER FKA SHELBY COUNTY HEALT NOLEN. Attorney for CARE AUTH 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 AUTH DBA COUNTY HEALTH DBA COUNTY HEA
NO. SM8801354 which said judgment was recorded in the Office of the Judge of Probate of
HELBY County. Alabama, in Book No. 206 Page No. 714 (and assigned to in Book
No Page No), and the undersigned does further hereby release said judgment.
IN WITNESS WHEREOF, the undersigned, RODNEY E. NOLEN, has caused thes
presents to be executed this the 20 day of JANURARY . 1998.
BY: RODNEY E. NOLEN (NOL 902) 04166

STATE OF ALABAMA

COUNTY SHELBY

02:13 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 8,50 OO1 HCD

I, the undersigned authority in and for said County in said State, certify that RODN E. NOLEN, whose name as Attorney of COUNTY HEALTH CARE AUTH DBA SHELBY MEDICAL CTR , 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 20 day of JANURARY. 1998.

Notary Public

My Commission Expires U5/06/U

THIS INSTRUMENT WAS PREPARED BY:

SIROTE & PERMUTT, P.C. 2222 ARLINGTON AVENUE SOUTH POST OFFICE BOX 55727 BIRMINGHAM. AL 35255-5727