553

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 maintainance necessitated by injuries, and which lien was recorded in the office of the Judge of Probate Court of Shelby County, Alabama, in Real Book No. 2000, Page Number 3424, and the undersigned does further hereby release and satisfy said lien.

Inst # 2000-08876

COPY TO:

Keith R. Hubbard
2166 Hwy 13
Helena, AL 35080

State Farm Insurance
Cl #01-6147-242
P.O. Box 609
Fairfield, AL 35064

PATIENT: Keith R. Hubbard

ACCOUNT NO: V5114541

AMOUNT: $935.00

In Witness Whereof, the undersigned, **STEPHEN M. JONES, as Attorney for Bessemer Carraway Medical Center**, has caused these presents to be executed this 9th day of March, 2000.

Stephen M. Jones

By: Stephen M. Jones
Attorney for Bessemer Carraway Medical Center
P.O. Box 847
Bessemer, Alabama 35021

03/21/2000-08876
09:51 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MMS 8.50

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 Offical seal this 9th day of March, 2000

DATE FILED: _____

Karen D. Franklin
Notary Public