

STATE OF ALABAMA)
JEFFERSON COUNTY)

553
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 Instrument Book No. 2000 Page Number 20324

and the undersigned does further hereby release and satisfy said lien.

PATIENT: Jennifer Watkins


ACCOUNT NO: V5750724

AMOUNT \$924.00

COPY TO:

Jennifer Watkins
490 Greentree Drive
West Blocton, AL 35184

In Witness Whereof, the undersigned, **STEPHEN M. JONES**, as Attorney for **Bessemer Carraway Medical Center**, has caused these presents to be executed this 6th day of September, 2000


By: Stephen M. Jones
Attorney for Bessemer Carraway Medical Center
P.O. Box 847
Bessemer, Alabama 35021
Inst # 2000-31886

09/14/2000-31886
09:33 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE

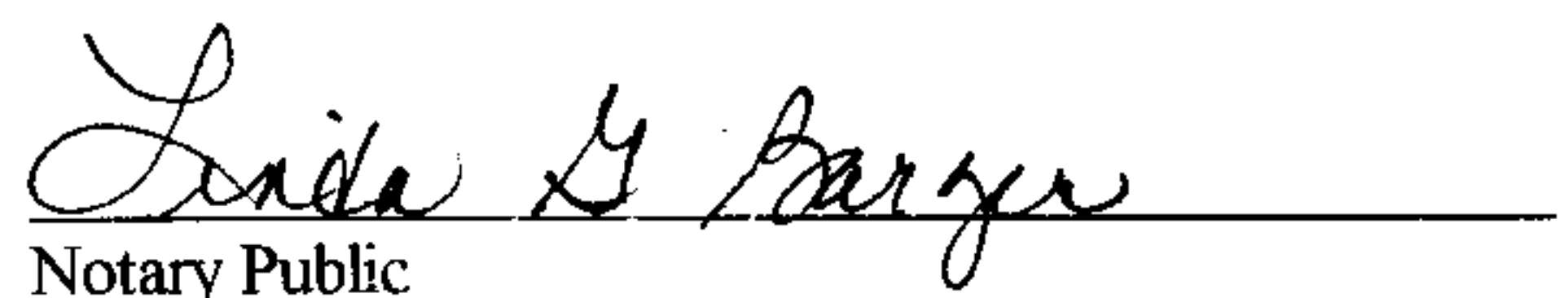
STATE OF ALABAMA)
JEFFERSON COUNTY)

001 C11 8-50
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 Official seal this 6th day of September, 2000

DATE FILED: _____


Notary Public