

SATISFACTION OF HOSPITAL LIEN

Inst # 2001-12402

04/04/2001-12402
09:30 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE

STATE OF ALABAMA
COUNTY OF JEFFERSON

INSTRUMENT # 2001-10659

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED **PAMELA CAIN**,
ACKNOWLEDGES FULL PAYMENT OF THE INDEBTNESS SECURED BY THAT
CERTAIN HOSPITAL LIEN AGAINST **RACHEL GOODSON**, RECORDED IN THE
OFFICES OF THE JUDGE OF PROBATE OF **SHELBY COUNTY, ALABAMA, IN**
COLUMBIANA, ALABAMA, AND THE UNDERSIGNED DOES FURTHER HEREBY
RELEASE AND SATISFY SAID LIEN.

ACCOUNT NUMBERS: 61282398
AMOUNT: \$1674.00

IN WITNESS WHEREOF, THE UNDERSIGNED **PAMELA CAIN**, HAS CAUSED THESE
PRESENTS TO BE EXECUTED THIS 23RD DAY OF MARCH, 2001.

BY:


LEGAL COORDINATOR

STATE OF ALABAMA
COUNTY OF JEFFERSON

CORPORATE ACKNOWLEDGEMENT

I, THE UNDERSIGNED, A **NOTARY PUBLIC** IN AND FOR SAID COUNTY AND
SAID STATE, HEREBY ACKNOWLEDGE THAT **PAMELA CAIN** WHOSE NAME AS
LEGAL COORDINATOR A DULY APPOINTED AGENT OF BAPTIST HEALTH
SYSTEMS, 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, SHE, AS SUCH
AGENT AND WITH FULL AUTHORITY, EXECUTED THE SAME VOLUNTARILY FOR
AND AS THE ACT OF SAID CORPORATION.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS 23RD DAY OF MARCH,
2001.

SEAL


NOTARY PUBLIC

COMMISSION EXPIRES: 2-7-05