

## SATISFACTION OF HOSPITAL LIEN


STATE OF ALABAMA:  
COUNTY OF SHELBY:

INSTRUMENT #20030820000550090

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED, **CHASITY STEPHENS**, LEGAL COORDINATOR AT **BAPTIST HEALTH SYSTEM, INC. SHELBY**, ACKNOWLEDGES FULL PAYMENT OF THE INDEBTNESS SECURED BY THAT CERTAIN HOSPITAL LIEN AGAINST **ALYSSA GRAF** IN THE AMOUNT OF **\$15,508.00** RECORDED IN THE OFFICES OF THE JUDGE OF PROBATE OF **SHELBY COUNTY, ALABAMA** AND THE UNDERSIGNED DOES FURTHER HEREBY RELEASE AND SATISFY SAID LIEN.

IN WITNESS WHEREOF, THE UNDERSIGNED **CHASITY STEPHENS** HAS CAUSED THESE PRESENTS TO BE EXECUTED THIS 4<sup>TH</sup> DAY OF FEBRUARY, 2004.

PREPARED BY:

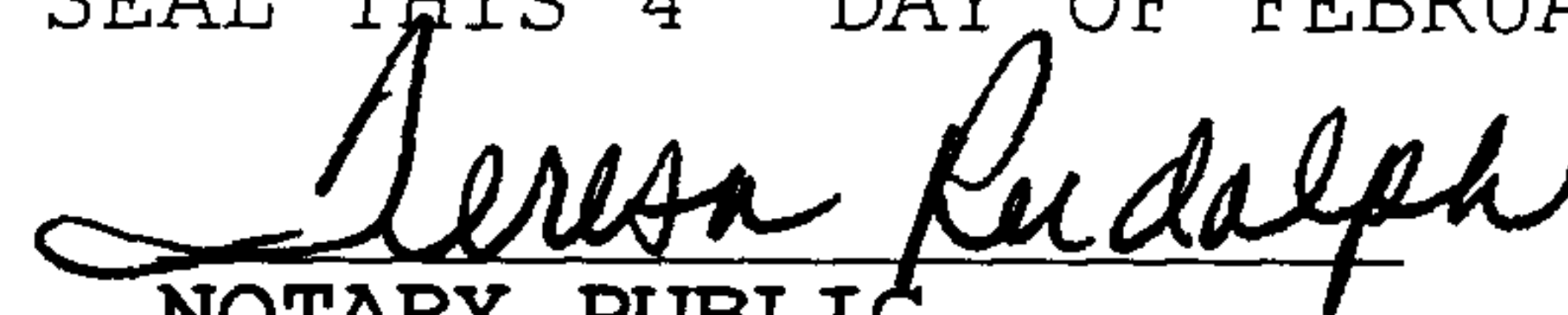
  
**CHASITY STEPHENS**  
LEGAL COORDINATOR  
800 MONTCLAIR ROAD  
BIRMINGHAM, AL 35213

STATE OF ALABAMA :  
JEFFERSON COUNTY :

### CORPORATE ACKNOWLEDGEMENT

I, THE UNDERSIGNED, A **NOTARY PUBLIC** IN AND FOR SAID COUNTY AND SAID STATE, HEREBY ACKNOWLEDGE THAT **CHASITY STEPHENS** WHOSE NAME AS LEGAL COORDINATOR A DULY APPOINTED AGENT OF **BAPTIST HEALTH SYSTEM, INC.**, 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 4<sup>TH</sup> DAY OF FEBRUARY, 2004

  
**NOTARY PUBLIC**  
Commission expires 3/14/07

ACCOUNT #40921520