SATISFACTION OF HOSPITAL LIEN

STATE OF ALABAMA
COUNTY OF Shelby

Book **#20040625000347930**

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED **RENEE KORRECKT**, ACKNOWLEDGES FULL PAYMENT OF THE INDEBTNESS SECURED BY THAT CERTAIN HOSPITAL LIEN AGAINST **Tim Szmania R**ECORDED 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.

Baptist Health System - Shelby
Patient: Melissa Szmania
AMOUNT: **$1,799.00** - 54544556 Acct #

IN WITNESS WHEREOF, THE UNDERSIGNED **RENEE KORRECKT**, HAS CAUSED THESE PRESENTS TO BE EXECUTED THIS 3rd DAY OF March 2011.

BY: Renee Korreckt

Vendor Management

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 **RENEE KORRECKT** WHOSE NAME AS VENDOR MANAGEMENT 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 3rd DAY OF March, 2011.

SEAL

Teresa Rudolph
NOTARY PUBLIC
3/14/11
COMMISION EXPIRATION DATE

20110318000087630 1/1 $12.00
Shelby Cnty Judge of Probate, AL
03/18/2011 12:53:23 PM FILED/CERT