

SATISFACTION OF HOSPITAL LIEN


20151112000391770 1/1 \$.00
Shelby Cnty Judge of Probate, AL
11/12/2015 11:06:28 AM FILED/CERT

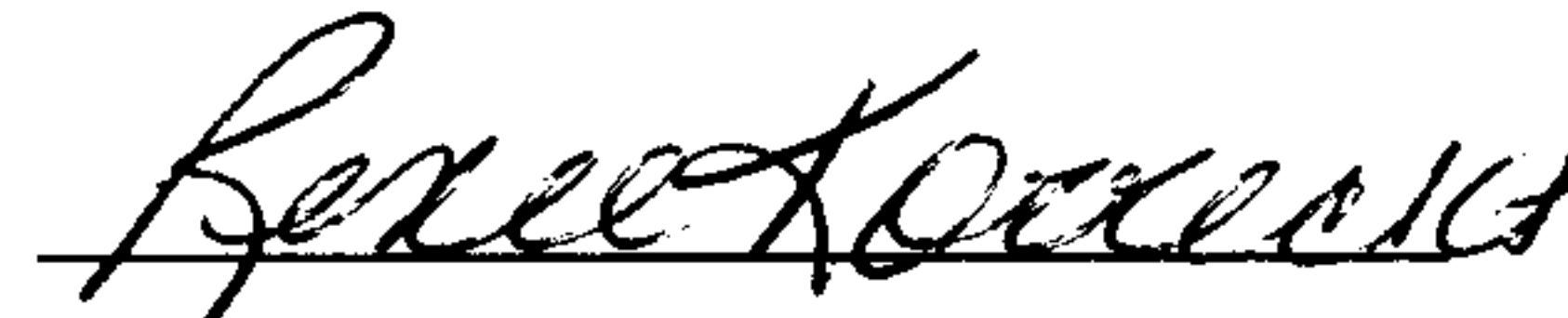
STATE OF ALABAMA
COUNTY OF Shelby

Instrument #20120109000009850

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED **RENEE KORRECKT**, ACKNOWLEDGES FULL PAYMENT OF THE INDEBTNESS SECURED BY THAT CERTAIN HOSPITAL LIEN AGAINST **William Howell**, 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 NUMBER: 4006695698 date of service 12/01/11 - amount \$5436.00.

IN WITNESS WHEREOF, THE UNDERSIGNED **RENEE KORRECKT**, HAS CAUSED THESE PRESENTS TO BE EXECUTED THIS 9th DAY OF NOVEMBER, 2015.

BY: 
Vendor Management Analyst

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 ANALYST A DULY APPOINTED AGENT OF **BAPTIST HEALTH SYSTEM**, 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 SEAL THIS 9th DAY OF NOVEMBER, 2015.


NOTARY PUBLIC
3/15/19
EXPIRATION DATE