

**SATISFACTION OF HOSPITAL LIEN**

STATE OF ALABAMA  
COUNTY OF Shelby

Instrument #20111219000383960

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: 4006619474 date of service 11/5/11 - amount \$3240.00.

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

BY: *Renee Korreckt*  
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.

*Jeresa Rudolph*  
NOTARY PUBLIC  
3/15/19  
EXPIRATION DATE