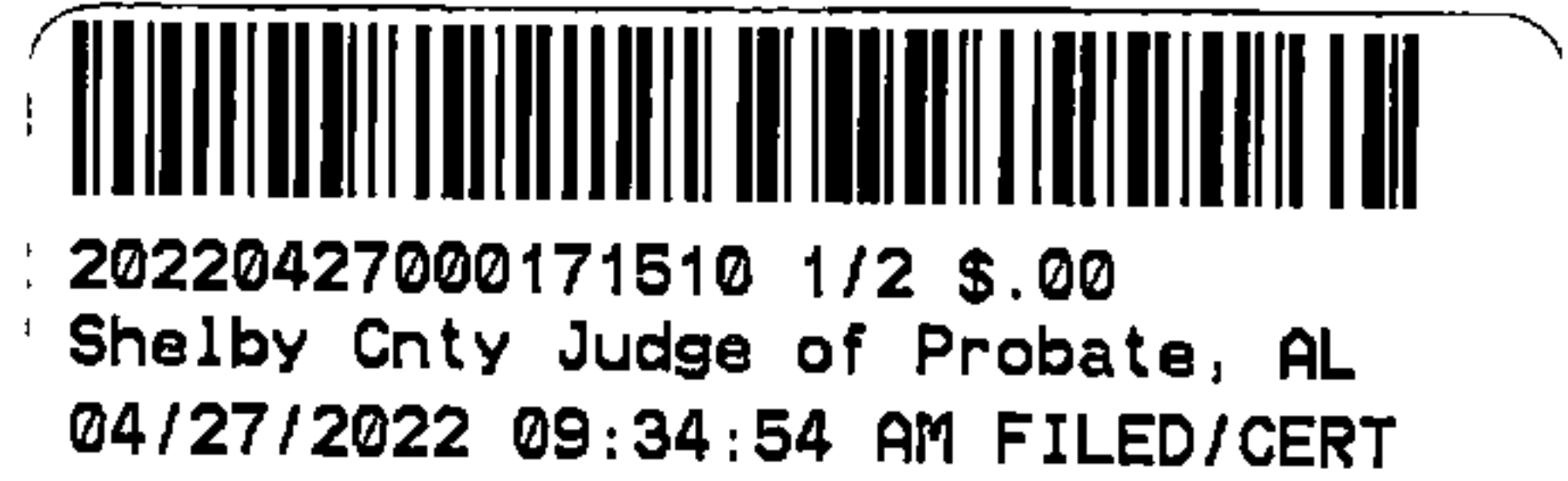




STATE OF ALABAMA)

SHELBY COUNTY)

FULL SATISFACTION OF RECORDED LIEN

The North Shelby County Fire and Emergency Medical District, a public corporation, files this statement in writing, verified by oath of Guy R. Sipe, an employee or officer of the District, who has personal knowledge of the facts herein set forth:

Know All Men by These Presents, That, the undersigned, North Shelby County Fire and Emergency Medical District, acknowledges full payment of the indebtedness secured by the following property, situated in Shelby County, Alabama, to-wit:

Lien Instrument Number: 20220405000140290

Address: 7003 INDIAN RIDGE DRIVE INDIAN SPRINGS AL 35124

Legal Description: Lot#:2 Book:13 Pg:69 Sub: INDIAN HIGHLANDS ESTATES

The record owner(s) or proprietor(s) of the aforementioned Parcel or Property is: O'FARRELL JOSEPH ANTHONY O FARRELL & KERSTI PAYTON O'FARRELL

In Witness Whereof, the undersigned has caused these presents to be executed this the 22nd day of April, 2022.

North Shelby Fire and Emergency Medical District

A handwritten signature in black ink, appearing to read "Guy R. Sipe", is written over a horizontal line.

This Instrument Prepared By:
Guy R. Sipe, Fire Chief
4617 Valleydale Road
Birmingham, Alabama 35242

STATE OF ALABAMA)

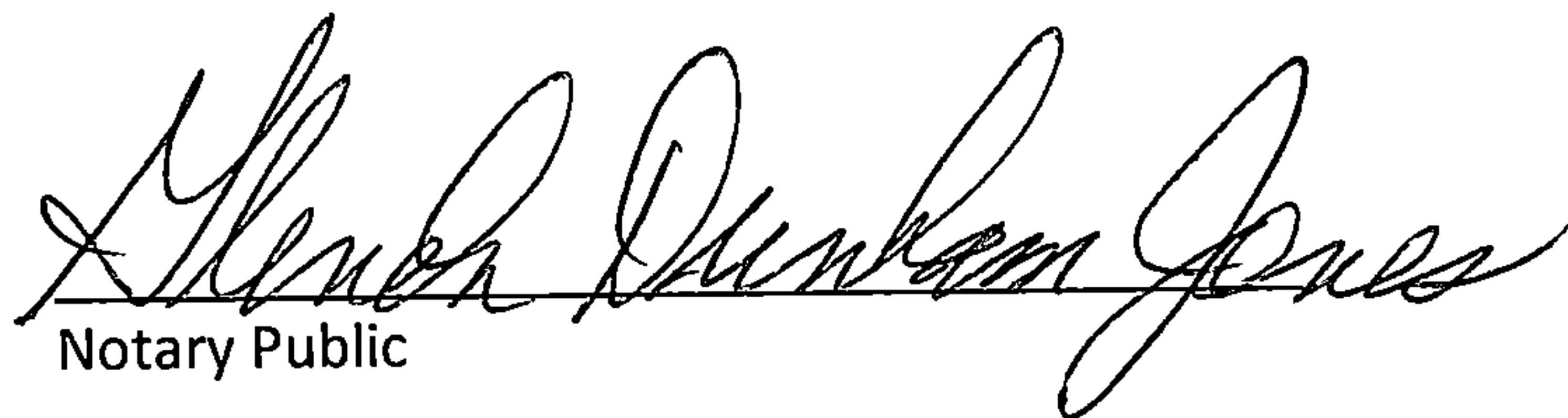
SHELBY COUNTY)



20220427000171510 2/2 \$.00
Shelby Cnty Judge of Probate, AL
04/27/2022 09:34:54 AM FILED/CERT

I, the undersigned, a notary Public in and for said County in the State, hereby certify that Guy R. Sipe, an employee or officer of the North Shelby County Fire and Emergency Medical District, whose name is signed to the foregoing Lien, and who is known to me, acknowledged before me on this day that, being informed of the contents of the above and foregoing Lien, in such capacity for the said District, executed the same voluntarily on the date the same bears date.

Given under my hand and official seal of office this the 22 day of April, 2022.


Notary Public

Glenda Dunham Jones
My Commission Expires
12/5/2023

