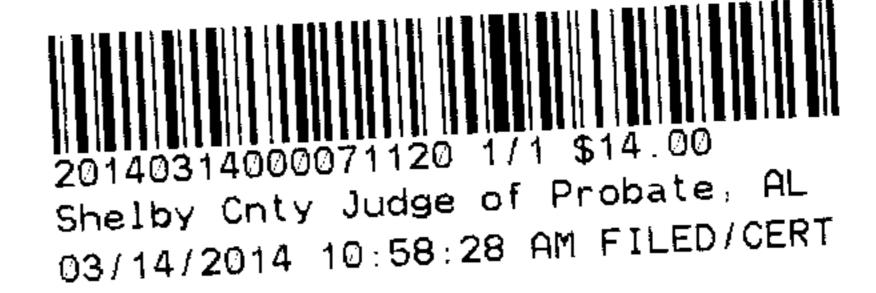
**TO:** Shelby County Probate Office P.O. Box 825

Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

and the contract of the first of the first of the contract of

- 1. On 1/15/2014, Health Care Authority of the Baptist Health Foundation, Inc. Shelby Baptist Medical Center, whose address is 1000 1st Street North Alabaster, AL 35007, caused to be recorded in the office of the Probate Judge of Shelby County Probate Office, Alabama, in INSTRUMENT NO. 20140115000013910, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, for the customary charges for care and treatment or transportation of patient Samuel Ellison, on account of injuries giving rise to such claims and which necessitated such services, for furnishing treatment, care and maintenance to said injured person. The lien is hereby released by Shelby Baptist Medical Center who is the owner of the debt, obligation and lien.
- 2. Therefore, in consideration of the foregoing, the undersigned, Kimberlee M. Fair, authorized agent for Shelby Baptist Medical Center, authorizes and directs the Shelby County Probate Office Court Clerk, to discharge the same of record.

STATE OF MISSISSIPPI		Shelby Baptist Medical Center
COUNTY OF ALCORN	BY:	<u>lu</u>
		Kimberlee M. Fair
	ized Hospital	erified before me this Monday, March 10, 2014, of the above named health care provider for and
: O: ID # 107393		
MISCHELL M. WILBA	ANKS	
Commission Expire	<u>es                                     </u>	1 Malley Millery
MY COMMISSION EXPIRES: 3, 2017	NC	TARY PUBLIC