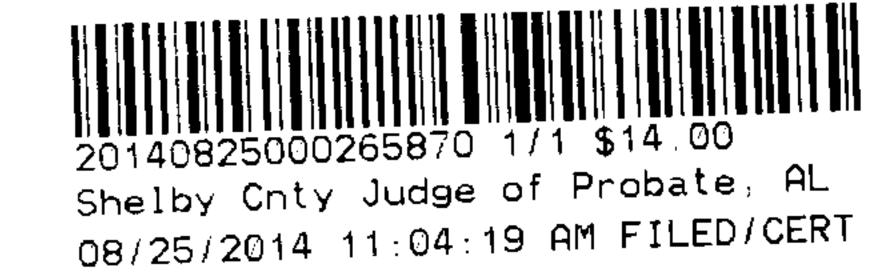
TO: Shelby County Probate Office P.O. Box 825
Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

1. On 7/17/2014, 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. 201407170000218260, 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 Lynn Ernest, 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 con	sideration of	f the foregoing,	the und	ersigned,	Kimberlee N	M.
Fair, authorized agent	for Shelby Baptis	st Medical C	Center, authorize	es and d	irects the	Shelby Cou	nty
Probate Office Court	Clerk, to discharg	e the same c	of record.		<i>A</i>	-	·

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kimbetlee M. Fair

The foregoing statement was acknowledged and verified before me this Thursday, August 21, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

MY COMMISSION

ID # 104665

AMY E. LAMBERT

NOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465 Corinth, MS 38834