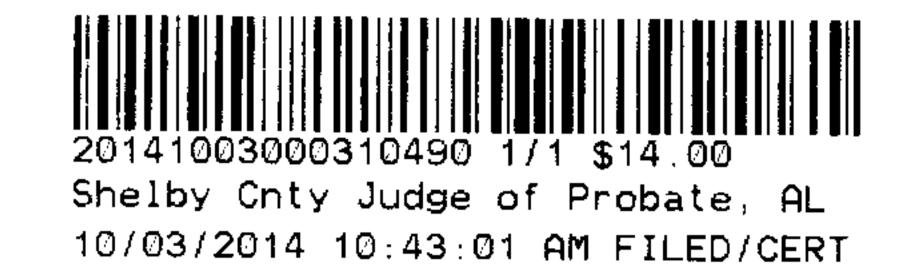
411010952

TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 2/28/2014, Health Care Authority of the Baptist Health System, 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 20140228000054530, 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 Jenny Blaylock, 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 co | nsideration of the fo | oregoing, the undersigned, Kimberlee M. |
|--|-----------------------|--|
| Fair, authorized agent for Shelby Bapt | tist Medical Center, | authorizes and directs the Shelby County |
| Probate Office Court Clerk, to dischar | ge the same of reco | rd. |
| | | |
| | | |
| STATE OF MISSISSIPPI | | Shelby Baptist Medical Center |
| COUNTY OF ALCORN | BY: | |
| COUNTIONALCOM | | Kimberlee M. Fair |

The foregoing statement was acknowledged and verified before me this Tuesday, September 30, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

MISCHELL M. WILBANKS

MY COMMISSION EXPLRESS, 2017

NOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465

Prepared By.

Corinth, MS 38834