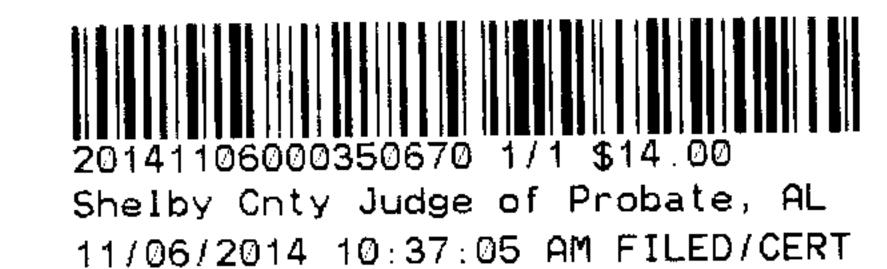
411184592

TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 10/9/2014, 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. 20141009000319200, 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 Tyler Willis, 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	on of the f	oregoing, th	ne unde	ersigned,	Kimberl	ee M.
Fair, authorized agent	t for Shelby	Baptist Medic	cal Center	, authorizes	and di	rects the	Shelby C	County
Probate Office Court	Clerk, to di	ischarge the sa	me of reco	ord.				

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Friday, October 31, 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 EXPIRES NOTARY PUBLIC

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