**TO:** Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

## RELEASE OF HOSPITAL LIEN

1. On 6/29/2015, Baptist Health System, Inc., 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. 20150629000218460, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Ashley Seale, for the customary charges for care and treatment or transportation of patient Ashley Seale, 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.

| ,   |  | foregoing, the undersigned, Kimberlee M. r, authorizes and directs the Shelby County |
|---|--|--|
| Probate Office Court Clerk, to discha                                 |  | ord.   |
| STATE OF MISSISSIPPI<br>COUNTY OF ALCORN                              | <b>BY:</b>                               | Shelby Baptist Medical Center  Kimberlee M. Fair                                     |
| The foregoing statement was acknown 2015, by Kimberlee M. Fairthe dul | wledged and verifi<br>y authorized agent | ed before me this Thursday, August 20, of the above named health care provider for   |

APRILS. SIMS
Commission Expires.

MY COMMISSION EXPIRES!

and on behalf of said hospit

NOTARY PUBLIC

20150824000293460 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/24/2015 12:09:59 PM FILED/CERT