TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

RELEASE OF HOSPITAL LIEN

1. On 1/15/2014, 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. 20140115000013890, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Catalino Hernandez, for the customary charges for care and treatment or transportation of patient Catalino Hernandez, 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, Fair, authorized agent for Shelby Probate Office Court Clerk, to display | • | authorizes and dire | |
|---|----------------------------|---------------------|----------------|
| STATE OF MISSISSIPPI COUNTY OF ALCORN | BY: | Shelby Baptist | Medical Center |
| | | Klmbe | rlee M. Fair |
| The foregoing statement was as 2015, by Kimberlee M. Fair the and on behalf of said house 1864. | e duly authorized agent of | | ▼ - |
| MY COMMISSION EXPIRES | S: NOTARY | PUBLIC | |

20151109000388740 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/09/2015 12:11:06 PM FILED/CERT