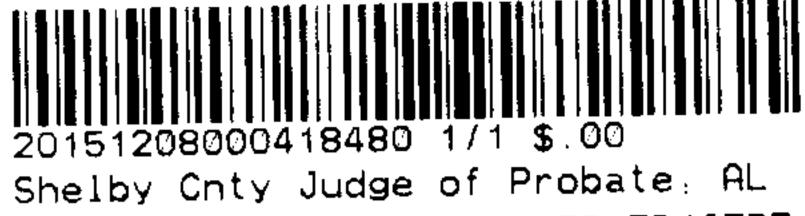
Shelby County Probate Office TO:

P.O. Box 825

Columbiana, AL 35051



12/08/2015 08:21:00 AM FILED/CERT

RELEASE OF HOSPITAL LIEN

On 4/27/2015, 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. 20150427000135840, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Betty Campbell, for the customary charges for care and treatment or transportation of patient Betty Campbell, 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. I herefore, in cons | sideration of th | ne foregoing, th | ne und | ersigned, Kimberlee M. |
|--|------------------|------------------|--------|--------------------------|
| Fair, authorized agent for Shelby Baptis | st Medical Cer | nter, authorizes | and at | irects the Shelby County |
| Probate Office Court Clerk, to discharge | | | | |
| | | | | |
| | | | | |
| STATE OF MISSISSIPPI | | Shelby | Bapti | st Medical Center |
| COUNTY OF ALCORN | BY: _ | | X | |
| | | | Kinn | berlee M. Fair |
| | | | | |

The foregoing statement was acknowledged and verified before me this Tuesday, December 1, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSIO

AMYE.LAMBERT

Commission Expires

NOTARY PUBLIC

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