TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

## RELEASE OF HOSPITAL LIEN

1. On 7/14/2015, 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, Inst. # 20150714000238580, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Selah Stough, for the customary charges for care and treatment or transportation of patient Selah Stough, 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 considera	ation of the foregoing, t	he undersigned, Amanda Wh	nite,
authorized agent for	Shelby Baptist Medical	Center, authorizes and	directs the Shelby County	
Probate Office Cour	t Clerk, to discharge the	same of record.	1	
			/	
			/1	

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Amanda White

The foregoing statement was acknowledged and verified before me this Friday, March 9, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf

of said hospital

AVA PATTERSON
Alcorn County
ID No. 109997
COMM. EXPIRES

MY COMMISSION EXPINES:

NOTARY PUBLIC

20180316000087150 1/1 \$.00 Shelby Onty Judge of Probate: AL

Shelby Cnty Judge of Probate: AL 03/16/2018 11:32:47 AM FILED/CERT