TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

## **RELEASE OF HOSPITAL LIEN**

1. On 2/2/2017, 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, Int. # 20170202000040950, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Ketwana Valentine, for the customary charges for care and treatment or transportation of patient Ketwana Valentine, 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	of the foregoing,	the undersigned,	Amanda White,
authorized agei	nt for Shelby Bapt	ist Medical Cent	er, authorizes and	d directs the Shelb	y County
Probate Office	Court Clerk, to di	scharge the same	e of record.		

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

Amanda White

Shelby Baptist Medical Genter

The foregoing statement was acknowledged and verified before me this Thursday, March 8, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital....

MY COMMISSION EXPIRES:

Alcorn County

NOTARY PUBLIC

20180316000087210 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/16/2018 11:32:53 AM FILED/CERT