TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

## RELEASE OF HOSPITAL LIEN

1. On 9/5/2017, 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, in INST # 20170905000322510, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Marina Moreno, for the customary charges for care and treatment or transportation of patient Marina Moreno, 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 consid	eration of the foregoing,	, the undersigned, Amanda	White
authorized agent for	Shelby Baptist Medic	al Center, authorizes and	d directs the Shelby County	r
Probate Office Cour	t Clerk, to discharge tl	he same of record.	ŧ	

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

She by Baptist Medical Center

Amanda White

The foregoing statement was acknowledged and verified before me this Friday, April 20, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION FIRES

**NOTARY PUBLIC** 

20180523000179030 1/1 \$.00 Shelby Cnty Judge of Probate, AL 05/23/2018 11:44:41 AM FILED/CERT