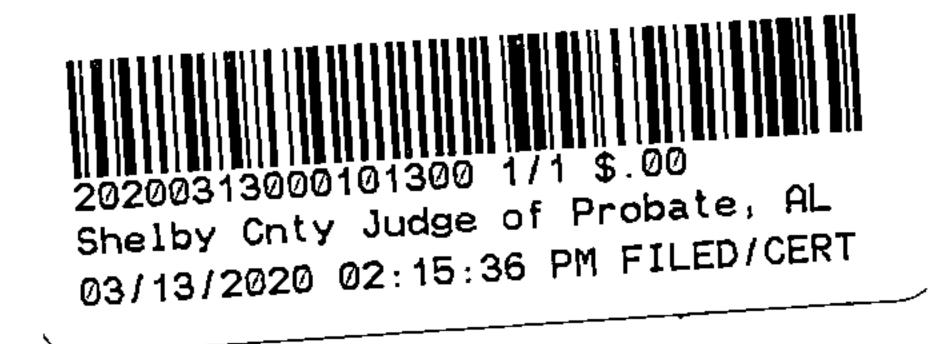
TO: Shelby County Probate Office P.O. Box 825
Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

1. On 1/8/2019, 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 Number 20190108000007670, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Jimmy McElroy, for the customary charges for care and treatment or transportation of patient Jimmy McElroy, 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 underst	igned, Amanda White,
authorized	agent for Shelby Baptist Medical Center, authorizes and dia	ects the Shelby County
Probate Of	fice Court Clerk, to discharge the same of record.	

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Amanda White

The foregoing statement was acknowledged and verified before me this Monday, March 2, 2020, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

KIMBERLY LEANORD

MY COMMISSION EXPRES

NOTARY PUBLIC