

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

20200508000181200 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
05/08/2020 09:59:41 AM FILED/CERT

**AUTHORITY TO RELEASE AND DISCHARGE HOSPITAL LIEN**

You are hereby authorized and requested to release and discharge that certain Notice of Hospital Lien against claims of Josefa Hernandez, which Baptist Health System, Inc. caused to be recorded on 8/23/2019 as instrument number 20190823000311220 in the probate office of Shelby County Probate Office, in Alabama.

By:

*Courtney B. Smith*

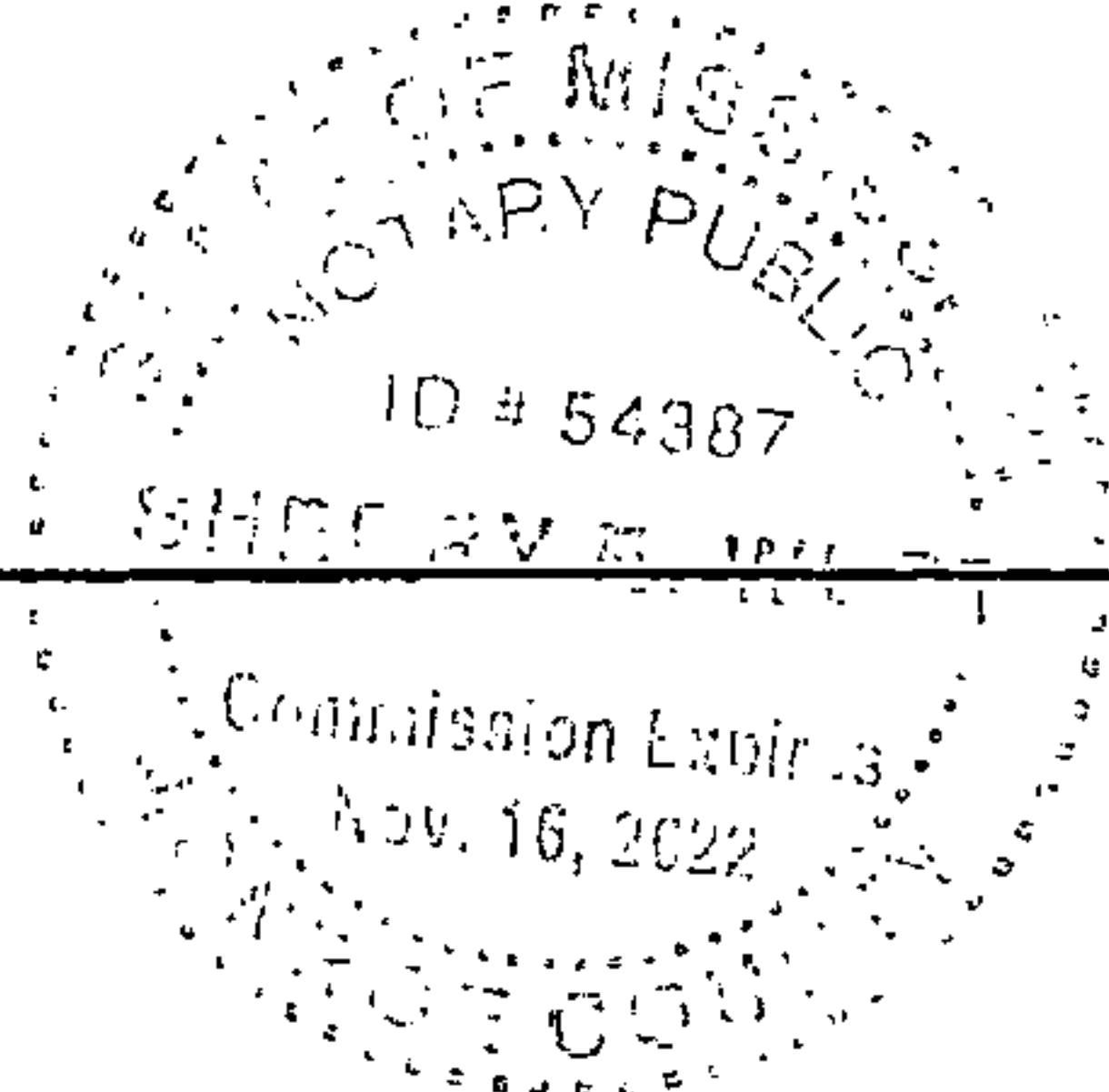
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
**FOR INQUIRIES CALL (855) 283-2887**

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Friday, May 1, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:



*Sherry Evers*  
NOTARY PUBLIC

Prepared by:  
Courtney B. Smith, Esq.  
4 Waldron St.  
Printhe, MS 38834