



20201008000457940 1/1 \$ .00  
Shelby Cnty Judge of Probate, AL  
10/08/2020 02:59:20 PM FILED/CERT

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

**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 Crystal Woods, which Baptist Health System, Inc. caused to be recorded on 7/1/2019 as instrument number ~~230190701000235440~~ in the probate office of Shelby County Probate Office, in Alabama.

**20190701000235440**

By:

*Courtney B. Smith*

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

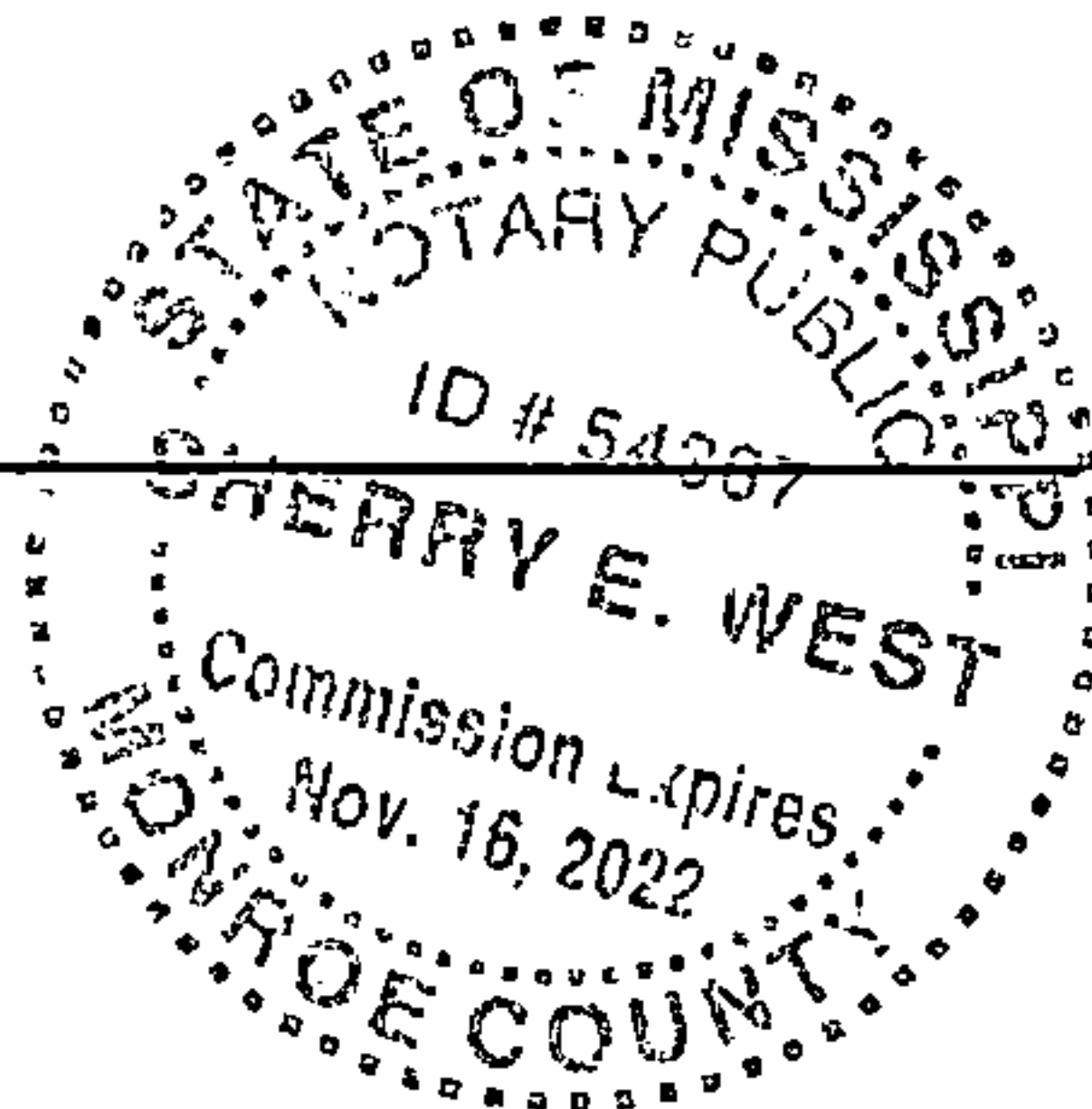
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, September 16, 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 Eubank*  
NOTARY PUBLIC

Prepared by:  
Courtney B. Smith, Esq.  
514 Waldron St.  
Corinth, MS 38834