

TO:

Shelby County Probate Office

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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 Arturo Fortaney, which Baptist Health System, Inc. caused to be recorded on 7/21/2020 as instrument number 20200721000303760 in the probate office of Shelby County Probate Office, in Alabama.

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

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FOR INQUIRIES CALL (855) 283-2887

State of Mississippi County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, September 29, 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:

CHEHAY E. WEST

Commission Expires
Nov. 16, 2022

NOTARY PUBLIC

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

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