

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

20201016000472560 1/1 \$.00
Shelby Cnty Judge of Probate, AL
10/16/2020 02:59:55 PM 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 Hunter Franklin, which Baptist Health System, Inc. caused to be recorded on 2/14/2020 as instrument number ~~2020021400061360~~ in the probate office of Shelby County Probate Office, in Alabama.

2020 0214000061360

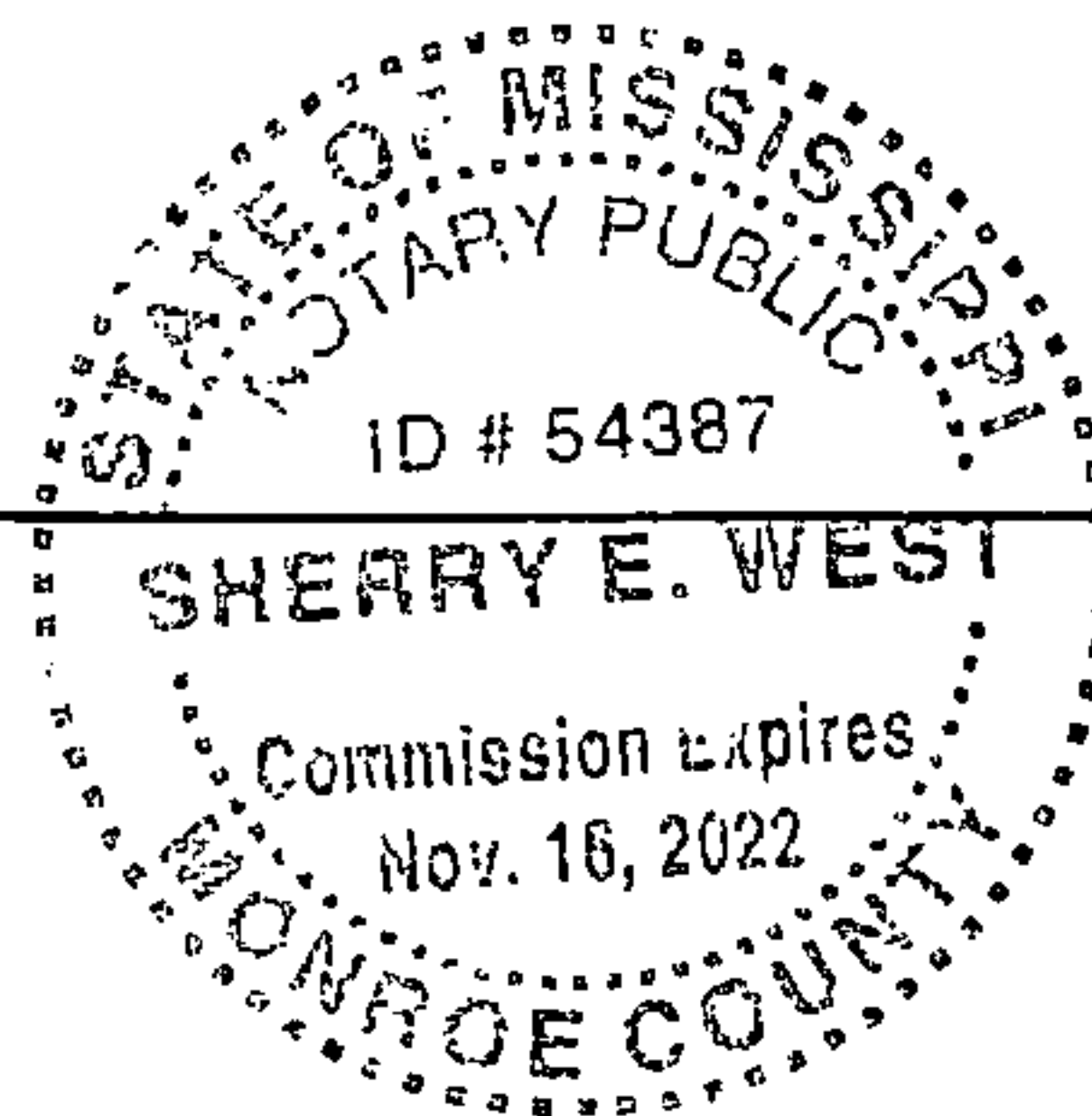
By:

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 Thursday, September 17, 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:



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

Sherry E. West
NOTARY PUBLIC