

202203100000099490 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/10/2022 10:08:43 AM FILED/CERT

Shelby County Probate Office TO:

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 Chantlyn Freeman, which Baptist Health System, Inc. caused to be recorded on 7/6/2021 as instrument number 20210706000325710 in the probate office of Shelby County Probate Office, in Alabama.

By:

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, February 18, 2022, 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 expire

Prepared by:

Courtney B. Smith, Esq. 514 East Waldron Street Corinth, MS 38834