



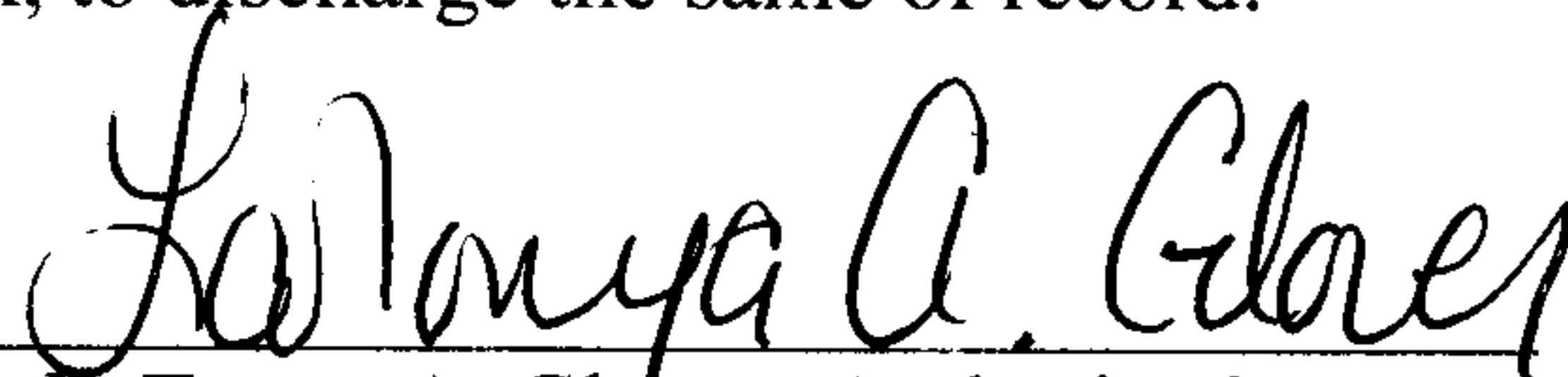
20100617000192330 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
06/17/2010 10:29:43 AM FILED/CERT

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

RELEASE OF HOSPITAL LIEN

1. On 5/3/2010, DCH Health Care Authority, whose address is 809 University Boulevard E, Tuscaloosa, Alabama 35401-2029, caused to be recorded in the office of the Probate Judge of Shelby County, Alabama, in INSTRUMENT NUMBER 20100503000134010 a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, for the customary charges for care and treatment or transportation of patient Joe Jefferson, on account of injuries giving rise to such claims and which necessitated such services, for furnishing treatment, care and maintenance to said injured person. The lien is hereby released by DCH Health Care Authority who is the owner of the debt, obligation and lien.
2. Therefore, in consideration of the foregoing, the undersigned, LaTonya A. Glover, authorized agent for DCH Health System, authorizes and directs the Shelby County Probate Court Clerk, to discharge the same of record.

BY:


LaTonya A. Glover, Authorized Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 8th day of June, 2010, by LaTonya A. Glover the duly authorized agent/operator of the above health care provider for and on behalf of said hospital.

NOTARY PUBLIC



MY COMMISSION EXPIRES:

