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

20120709000242810 1/1 \$12.00  
Shelby Cnty Judge of Probate, AL  
07/09/2012 11:51:18 AM FILED/CERT

**RELEASE OF HOSPITAL LIEN**

1. On 8/3/2009, 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 NO. 20090803000296760, 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 *Jordan Korngay*, 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, Kimberlee M. Fair, authorized agent for DCH Health Care Authority, authorizes and directs the Shelby County Probate Court Clerk, to discharge the same of record.

BY: \_\_\_\_\_

Kimberlee M. Fair, Authorized Agent

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 3<sup>rd</sup> day of July, 2012, by Kim Fair the duly authorized agent/operator of the above health care provider for and on behalf of said hospital.

NOTARY PUBLIC

*[Signature]*

MY COMMISSION EXPIRES \_\_\_\_\_

