


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


20140103000003310 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/03/2014 11:55:44 AM FILED/CERT

RELEASE OF HOSPITAL LIEN

1. On 10/7/2013, Health Care Authority of the Baptist Health Foundation, Inc. Shelby Baptist Medical Center, whose address is 1000 1st Street North Alabaster, AL 35007, caused to be recorded in the office of the Probate Judge of Shelby County Probate Office, Alabama, in Instrument No. 20131007000402630, 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 James Whisnant, 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

2. Therefore, in consideration of the foregoing, the undersigned, Austin Gray, authorized agent for Shelby Baptist Medical Center, authorizes and directs the Shelby County Probate Office Court Clerk, to discharge the same of record.

STATE OF MISSISSIPPI
COUNTY OF ALCORN

Shelby Baptist Medical Center
BY: *Austin Gray*
Prepared By: Austin Gray
P. O. Box 1465
Corinth, MS 38834

The foregoing statement was acknowledged and verified before me this Friday, December 27, 2013, by Austin Gray the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:
ID # 104665
AMY E. LAMBERT
Commission Expires
Feb. 13, 2017
TISHOMINGO COUNTY

Amy E. Lambert
NOTARY PUBLIC