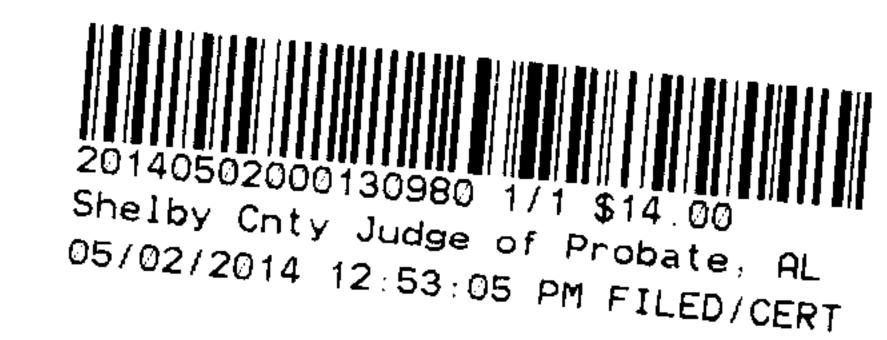
Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

On 12/30/2013, 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. 20131230000496000, 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 Chris Hammons, 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 Shelby Baptist Medical Center who is the owner of the debt, obligation and lien.

2.	Therefore, in	consideration	of the foregoing,	the unders	signed, K	Cimberlee 1	M. Fair,
authorized a	agent for Shelby	Baptist Medic	al Center, author	rizes and di	irects the	e Shelby C	ounty
	•	<b>-</b>	he same of record				•

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

Shelby Baptist Medical Center

Kimbertee M. Fair

The foregoing statement was acknowledged and verified before me this Friday, April 25, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

> ID # 107393 MISCHELL M. WILBANKS

> > Commission Expires

MY COMMISSION EXPIRES. Dec. 3, 2017

NOTARY/PUBLIC

Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834