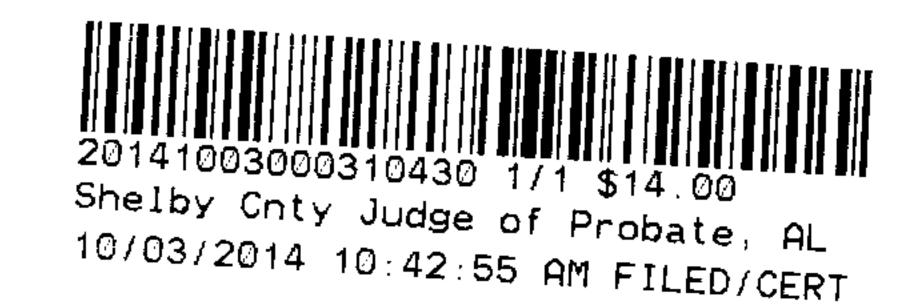
411062985

TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

1. On 12/11/2013, Health Care Authority of the Baptist Health System, 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. 20131211000477340, 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 Gary Walton, 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 cons	ideration of the	foregoing, the	undersigned,	Kimberlee M.
Fair, authorized agen	t for Shelby Baptist	t Medical Center	r, authorizes a	nd directs the	Shelby County
Probate Office Court	Clerk, to discharge	the same of rec	ord.	n	

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

MY COMMISSION EXPIRES:Dec.3,201

Shelby Baptist Medical Center

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Monday, September 29, 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

NOTARY PUBLIC

Francial By Kimberlee M. Fair P.O Box 1465

Corintla, MS 38834