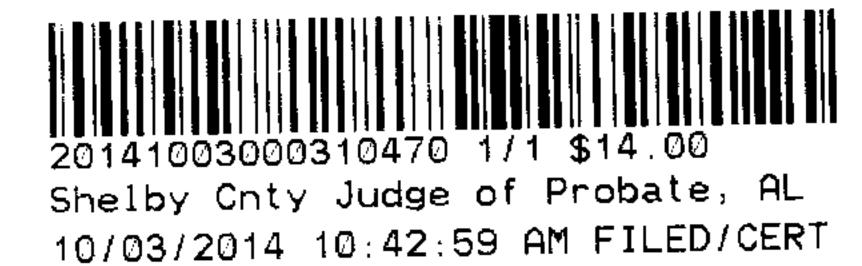
TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 8/29/2014, Health Care Authority of the Baptist Health Systen, 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. 20140829000271890, 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 Cedric Adams, 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 consider	ation c	of the fore	egoing, t	the un	dersigne	d, Kimberl	ee M.
Fair, authorized agent	for Shelby	Baptist Me	edical (Center, au	uthorize	s and	directs th	e Shelby (County
Probate Office Court	Clerk, to di	scharge the	same	of record	l. /	/	7		

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Tuesday, September 30, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital SSISS.

MY COMMISSION EXPIRES: Oec. 3, 2017

NOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465

Prepared 13%.

Corinth, MS 38834