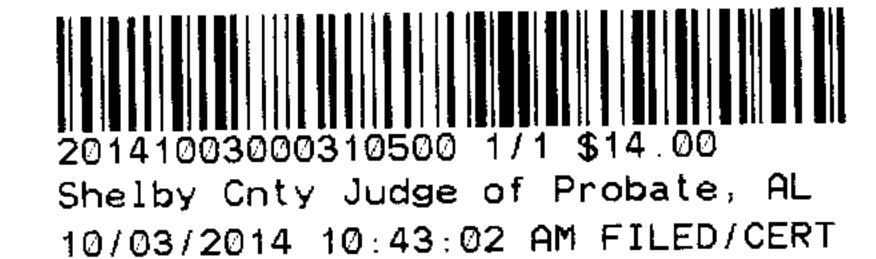
411162669

TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 8/7/2014, 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 20140807000245410, 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 Jimmy Edwards, 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	e foregoing, th	e undersigned	l, Kimberlee M.
Fair, authorized agen	nt for Shelby Baptis	t Medical Cent	er, authorizes	and directs th	e Shelby County
Probate Office Court	Clerk, to discharge	the same of re	cord.	<i>'</i> 1	

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.

MY COMMISSION EXPIRES: Commission Expires: NOTARY PUBLIC

Prapared Royal Royal Rimberlee M. Fair P.O Box 1465

Corinth, MS 38834