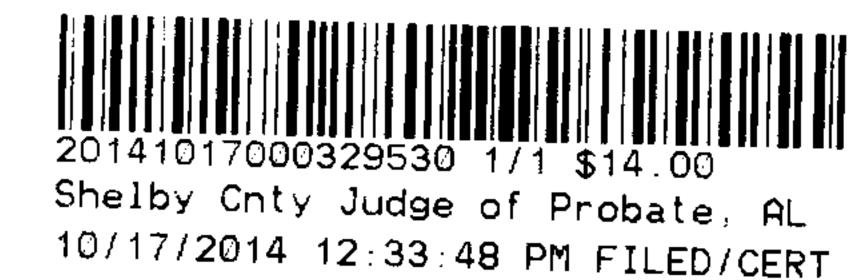
**TO:** Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

1. On 5/29/2014, 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. 20140529000161580, 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 Lailah Hill, 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 co	nsideration of the foregoing, the undersigned, Kimberlee M	ſ.
Fair, authorized agent for Shelby Bar	tist Medical Center, authorizes and directs the Shelby Coun	ty
Probate Office Court Clerk, to discha		
STATE OF MISSISSIPPI COUNTY OF ALCORN	Shelby Baptist Medical Center BY:	
COUNT OF ALCORY	Kimberlee M. Fair	

The foregoing statement was acknowledged and verified before me this Monday, October 13, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

Y COMMISSION EXPERENT NOTARY PUBLIC

Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834