411131692

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

20141017000329580 1/1 $14.00
Shelby Cnty Judge of Probate, AL
10/17/2014 12:33:53 PM FILED/CERT

RELEASE OF HOSPITAL LIEN

1. On 6/12/2014, 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 . 20140312000177510, 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 Claudia Young, 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 undersigned, Kimberlee M. Fair, authorized agent for Shelby Baptist Medical Center, authorizes and directs the Shelby County Probate Office Court Clerk, to discharge the same of record.

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: **Shelby Baptist Medical Center**

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.

STATE OF MISSISSIPPI NOTARY PUBLIC ID #107393 MISCHELL M. WILBANKS Commission Expires Dec. 3, 2017 ALCORN COUNTY

MY COMMISSION EXPIRES: NOTARY PUBLIC

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