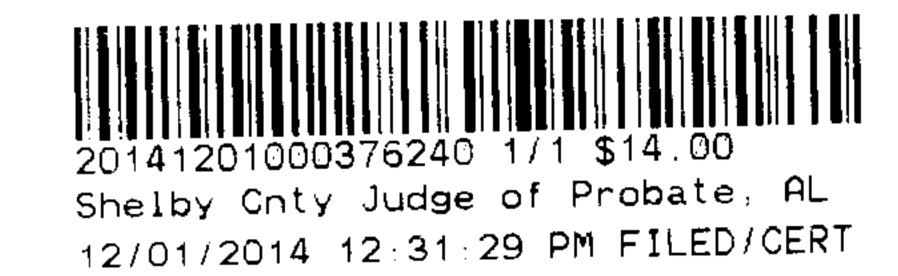
**TO:** Shelby County Probate Office P.O. Box 825 Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

On 10/31/2014, 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. 20141031000344550, 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 Jamiah Montgomery, 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 reco	ord.	
STATE OF MISSISSIPPI	Shelby Baptist Medical Center	

COUNTY OF ALCORN

BY:

Kimbellee M. Fair

The foregoing statement was acknowledged and verified before me this Monday, November 24, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

ID # 104665

AMY E. LAMBERT

Commission Expires

NOTARY PUBLIC

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