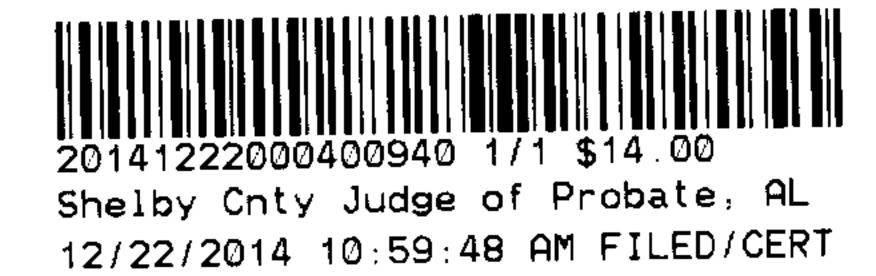
TO: Shelby County Probate Office P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 11/5/2014, Health Care Authority of the Baptist Health Foundation, 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. 201411050000349820, 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 Cristina Gonzalez, 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.

·		foregoing, the undersigned, Kimberl	
Fair, authorized agent for Shelby Bap	tist Medical Center	r, authorizes and directs the Shelby (County
Probate Office Court Clerk, to discha		, , , , , , , , , , , , , , , , , , , ,	
STATE OF MISSISSIPPI COUNTY OF ALCORN	BY:	Shelby Baptist Medical Center	 *
		Kimberlee M. Fair	

The foregoing statement was acknowledged and verified before me this Tuesday, December 16, 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

AMY E. LAMBERT

Commission Expires

Feb. 13, 2017

NOTARY PUBLIC

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