TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

RELEASE OF HOSPITAL LIEN

1. On 2/2/2015, 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. 20150202000033390, 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 Alexis Alexander, 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 undersign	ned, Kimberl	lee M.
Fair, authorized agent	t for Shelby	Baptist Medica	l Center, authoriz	zes and directs	the Shelby	County
Probate Office Court	Clerk, to di	scharge the sam	e of record.			

STATE OF MISSISSIPPI COUNTY OF ALCORN

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Wednesday, March 4, 2015, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRE

NOTARY RUBLIC

Principal By.

Kimberlee M. Fair

P.O Box 1465

Corinth, MS 38834

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Shelby Cnty Judge of Probate, AL 03/12/2015 12:27:02 PM FILED/CERT