

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

20150420000126540 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/20/2015 12:04:03 PM FILED/CERT

RELEASE OF HOSPITAL LIEN

1. On 7/7/2014, Baptist Health System, Inc. , 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. 20140707000205000, 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 Antoniette Maddox, 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 Baptist Health System, Inc. 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 Baptist Health System, Inc., authorizes and directs the Shelby County Probate Office Court Clerk, to discharge the same of record.

STATE OF MISSISSIPPI
COUNTY OF ALCORN

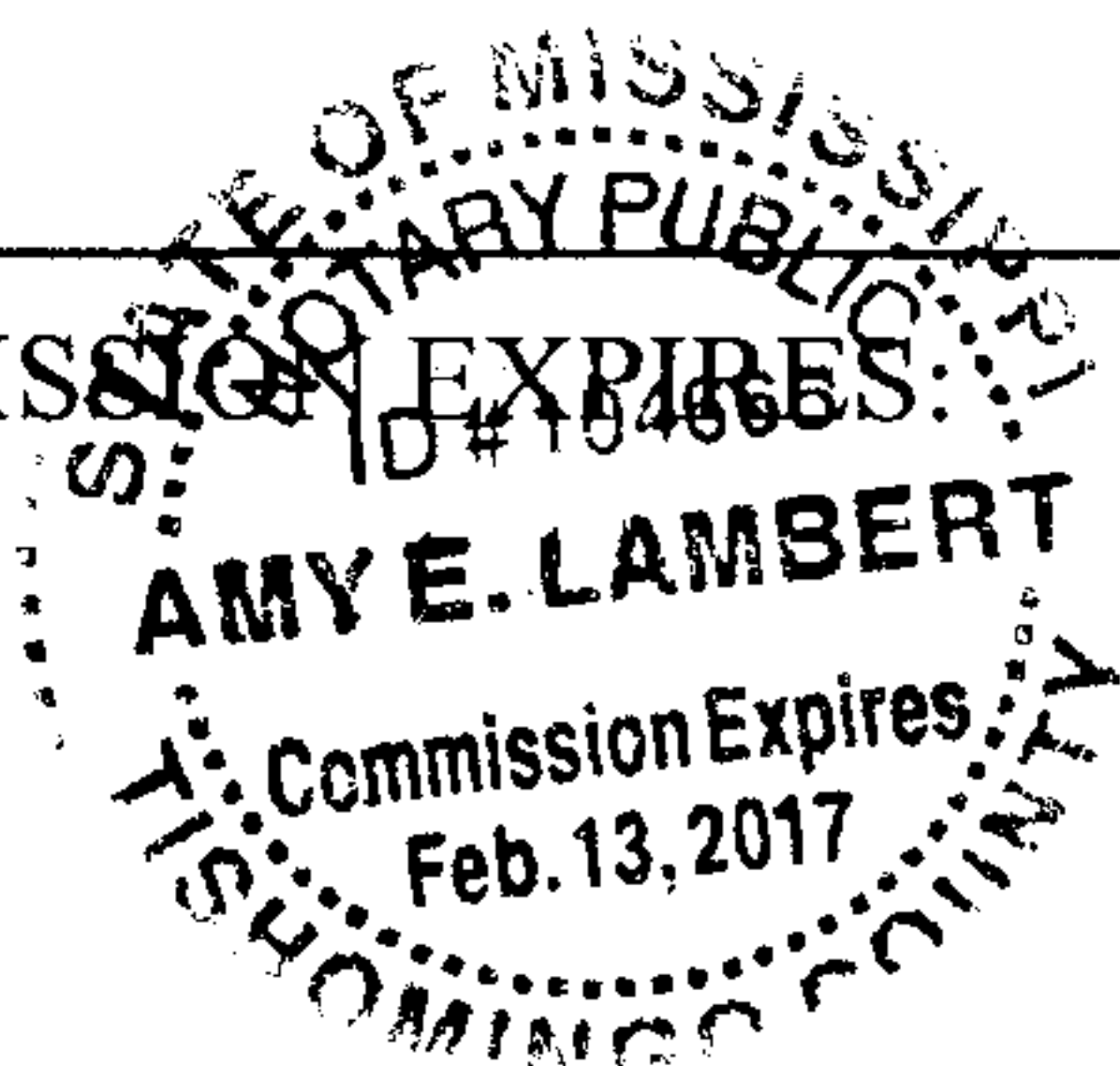
BY: _____

Baptist Health System, Inc.

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Wednesday, April 15, 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 EXPIRES



NOTARY PUBLIC

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