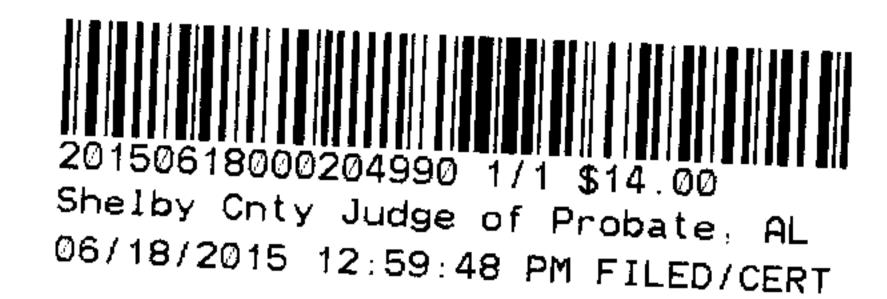
TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 8/4/2014, 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. 20140804000240530, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Vickie Simpson, for the customary charges for care and treatment or transportation of patient Vickie Simpson, 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 considerati	ion of the for	regoing, the	e und	ersign	ed, Kin	nberle	e M.
Fair, authorized agent						_			
Probate Office Court	Clerk, to di	scharge the sa	ame of recor	rd	1		(10)	•	•

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Wednesday, June 10, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXBIRES?

.Commission Expires.

NOTARYPUBLIC

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