

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

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Shelby Cnty Judge of Probate, AL
11/12/2015 01:25:20 PM FILED/CERT

RELEASE OF HOSPITAL LIEN

1. On 6/29/2015, the Health Care Authority of the City of Huntsville, whose address is 101 Sivley Road Southwest, Huntsville, AL 35801, caused to be recorded in the office of the Probate Judge of Shelby County Probate Office, Alabama, in Instrument No. 20150629000218440, 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 Crystal Bennett, 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 the Health Care Authority of the City of Huntsville, 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 the Health Care Authority of the City of Huntsville, authorizes and directs the Shelby County Probate Office Court Clerk, to discharge the same of record.

Prepared
By: _____

Kimberlee M. Fair, Authorized Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, November 9, 2015, by Kimberlee M. Fair the duly authorized agent/operator 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