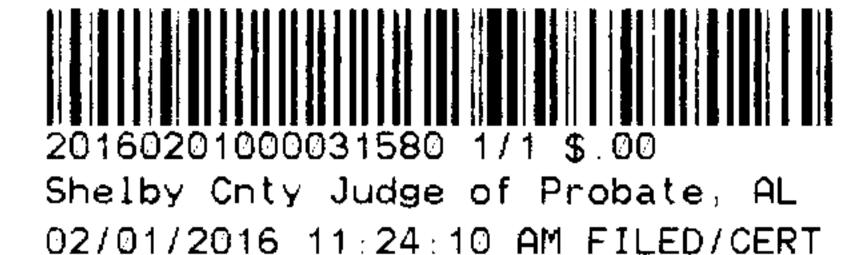
**TO:** Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

1. On 12/9/2015, 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. 20151209000420510, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Audra Patterson, for the customary charges for care and treatment or transportation of patient Audra Patterson, 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 undersigned, Kimberlee M.
Fair, authorized agen	t for Shelby Baptist Medical Center, authoriz	es and directs the Shelby County
Probate Office Court	Clerk, to discharge the same of record.	

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Monday, January 11, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSIQ

ID#104665

AMYELAMBERY

NOTARY UBLIC

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