TO: Shelby County Probate Office P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 3/16/2015, 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. 20150316000081120, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Cathy McNeil, for the customary charges for care and treatment or transportation of patient Cathy McNeil, 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 consid	deration of the	foregoing, the undersigned, Kimberlee M.
Fair, authorized agent for Shelby Baptist	Medical Cente	er, authorizes and directs the Shelby County
Probate Office Court Clerk, to discharge	the same of re	cord.
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STATE OF MISSISSIPPI		Shelby Baptist Medical Center
	BY:	
COUNTY OF ALCORN		TA1NA E-i
		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

NOTARY PUBL

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