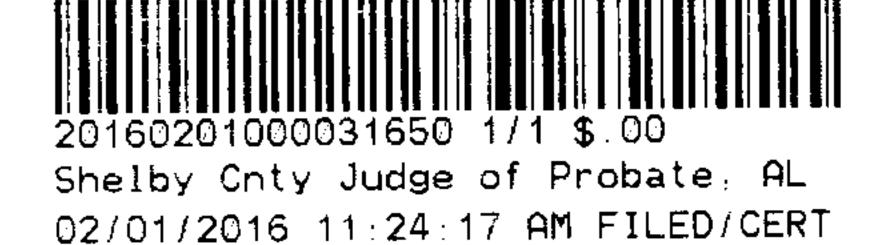
TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## RELEASE OF HOSPITAL LIEN

1. On 12/11/2015, 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. 20151211000424570, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Carolyn Ledbetter, for the customary charges for care and treatment or transportation of patient Carolyn Ledbetter, 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 u          | ndei | rsigned, Kimberlee M.  |
|-----------------------|--|----------------|------|------------------------|
| Fair, authorized agen | nt for Shelby Baptist Medical Center, authoriz | es <b>ạ</b> nd | djr  | ects the Shelby County |
| Probate Office Court  | t Clerk, to discharge the same of record.      |                |      |                        |
|                       |  |                | 1 /  | .•                     |

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kindberlee 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 COMMISSION EXPIREMENTAL

AVE LAMBERT

ch. 13, 2017

NOTARY PUBLIC

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