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. 2015121000424560, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Emma Carruth, for the customary charges for care and treatment or transportation of patient Emma Carruth, 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 undersigne	ed, Kimberlee M.
Fair, authorized agent	for Shelby	Baptist Medical	Center, authorize	s and directs t	he Shelby County
Probate Office Court	Clerk, to di	ischarge the sam	e 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 Thursday, April 14, 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

AMY E. LAMBETT

Commission Expires.

NOTARY PUBLIC

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

20160421000131170 1/1 \$.00 20160421000131170 1/1 \$.00 Shelby Cnty Judge of Probate, AL 04/21/2016 12:35:14 PM FILED/CERT