


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



20161108000411350 1/1 \$.00
Shelby Cnty Judge of Probate, AL
11/08/2016 08:03:54 AM FILED/CERT

RELEASE OF HOSPITAL LIEN


1. On 3/23/2016, 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. 20160323000092970, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Varline Lykes, for the customary charges for care and treatment or transportation of patient Varline Lykes, 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.

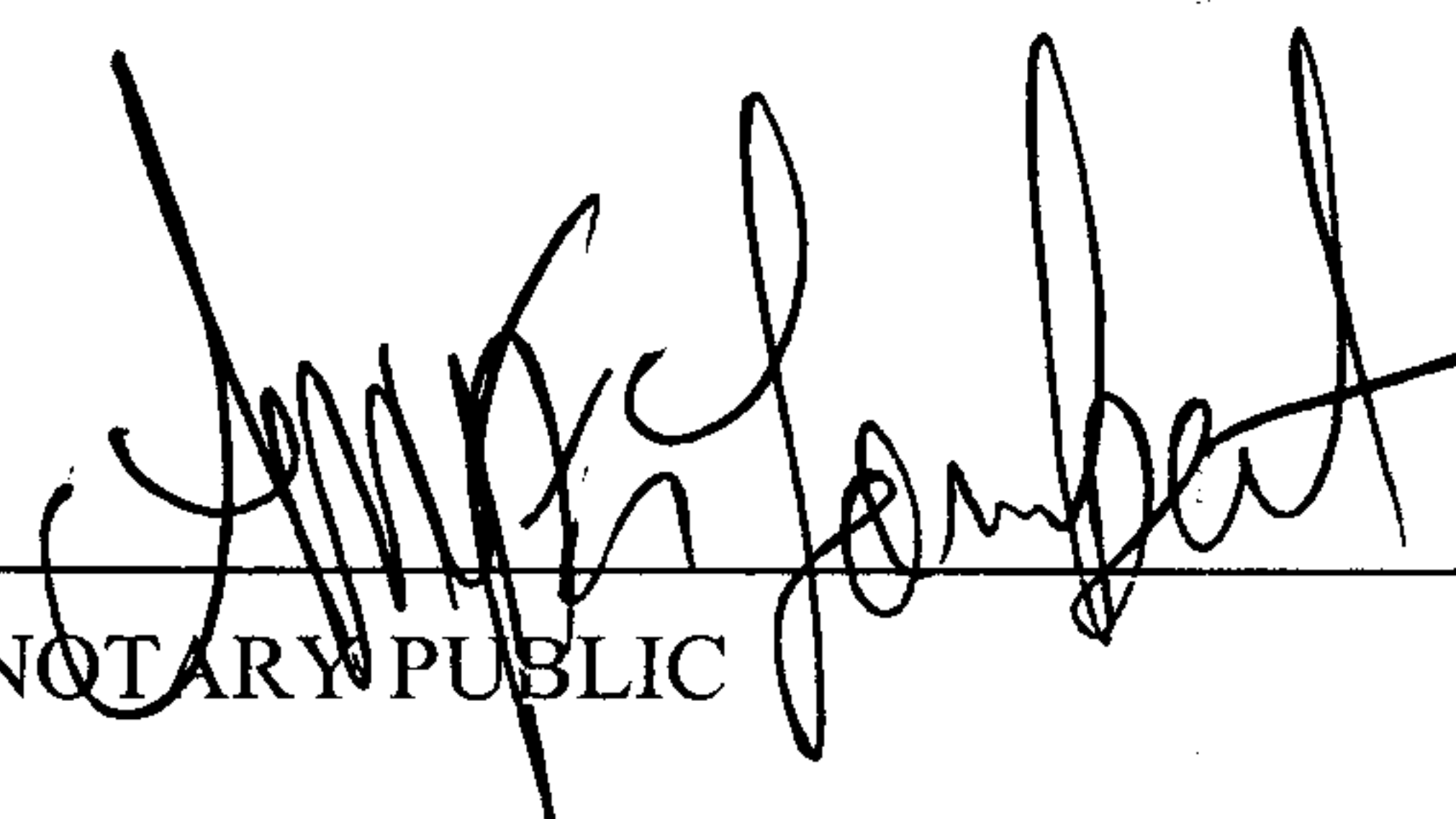
2. Therefore, in consideration of the foregoing, the undersigned, Kimberlee M. Fair, authorized agent for Shelby Baptist Medical Center, authorizes and directs the Shelby County Probate Office Court Clerk, to discharge the same of record.

STATE OF MISSISSIPPI
COUNTY OF ALCORN


Shelby Baptist Medical Center
BY: _____
Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Wednesday, October 26, 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 EXPIRES: _____

MYE E. LAMBERT
Commission Expires March 1, 2020



NOTARY PUBLIC

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