**TO:** Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

## RELEASE OF HOSPITAL LIEN

On 8/26/2016, 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. 20160826000308680, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Vickie Kelley, for the customary charges for care and treatment or transportation of patient Vickie Kelley, 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 co	misiacianom or mic	foregoing, the undersigned, itimocrice ivi.
Fair, authorized agent for Shelby Bar	tist Medical Cente	er, authorizes and directs the Shelby County
Probate Office Court Clerk, to discha	rge the same of re	cord.
STATE OF MISSISSIPPI COUNTY OF ALCORN	<b>BY:</b>	Shelby Baptist Medical Center
		Kimberlee M. Fair

Therefore in consideration of the foregoing the undersigned Kimberlee M

The foregoing statement was acknowledged and verified before me this Tuesday, January 10, 2017, 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:

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

