TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

RELEASE OF HOSPITAL LIEN

1. On 3/22/2017, 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 INST # 20170322000095380, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Linda Rutledge, for the customary charges for care and treatment or transportation of patient Linda Rutledge, 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 foregoin	ig, the undersigned, Amanda White,
authorized agent for	Shelby Baptist Medical Center, authorizes a	and directs the Shelby County
Probate Office Cour	t Clerk, to discharge the same of record.	Λ

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

Shelby Baptist Medical Center.

Amanda White

The foregoing statement was acknowledged and verified before me this Wednesday, January 31, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital and the said hospital and t

APRILS. SIMS

ID#111864

Commission Expires

MY COMMISSION EXPIRES

NOTARY PUBLICA

201803070000074270 1/1 \$.00 Shelby Cnty Judge of Probate: AL 03/07/2018 01:29:13 PM FILED/CERT