TO: Shelby County Probate Office P.O. Box 825

Columbiana, AL 35051

RELEASE OF HOSPITAL LIEN

1. On 2/9/2015, 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 INST # 20150209000041280, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Lee Varner, for the customary charges for care and treatment or transportation of patient Lee Varner, 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	i, Amanda `	White,
authorized agent for	Shelby Baptist	t Medical Cent	er, authorizes and	d directs the She	lby County	,
Probate Office Court	Clerk, to disc	harge the same	of record.	(

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

Shelby Baptist Medical Center

Amanda White

The foregoing statement was acknowledged and verified before me this Thursday, April 26, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES

NOTARY PUBLIC

20180606000199730 1/1 \$ 00

Shelby Chty Judge of Probate, AL 06/06/2018 02:29:39 PM FILED/CERT