411705722

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

RELEASE OF HOSPITAL LIEN

1. On 11/28/2018, 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 # 20181128000417100, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, Sharon Cochran, for the customary charges for care and treatment or transportation of patient Sharon Cochran, 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, Amanda White, 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: _____
Amanda White

The foregoing statement was acknowledged and verified before me this Thursday, February 14, 2019, 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

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Shelby Cnty Judge of Probate, AL
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