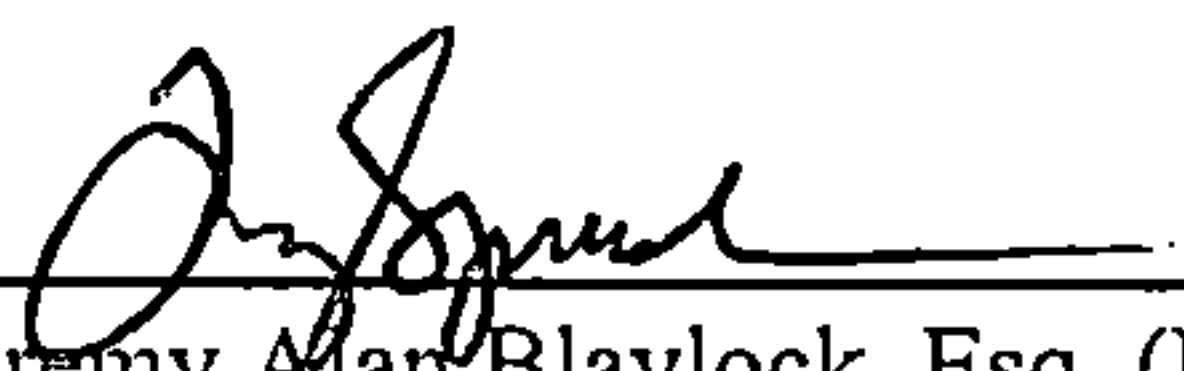


TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

AUTHORITY TO RELEASE AND DISCHARGE HOSPITAL LIEN

You are hereby authorized and requested to release and discharge that certain Notice of Hospital Lien against claims of Makenzie Williams, which Baptist Health System, Inc. caused to be recorded on 9/16/2019 as instrument number 20190916000339560 in the probate office of Shelby County Probate Office, in Alabama.

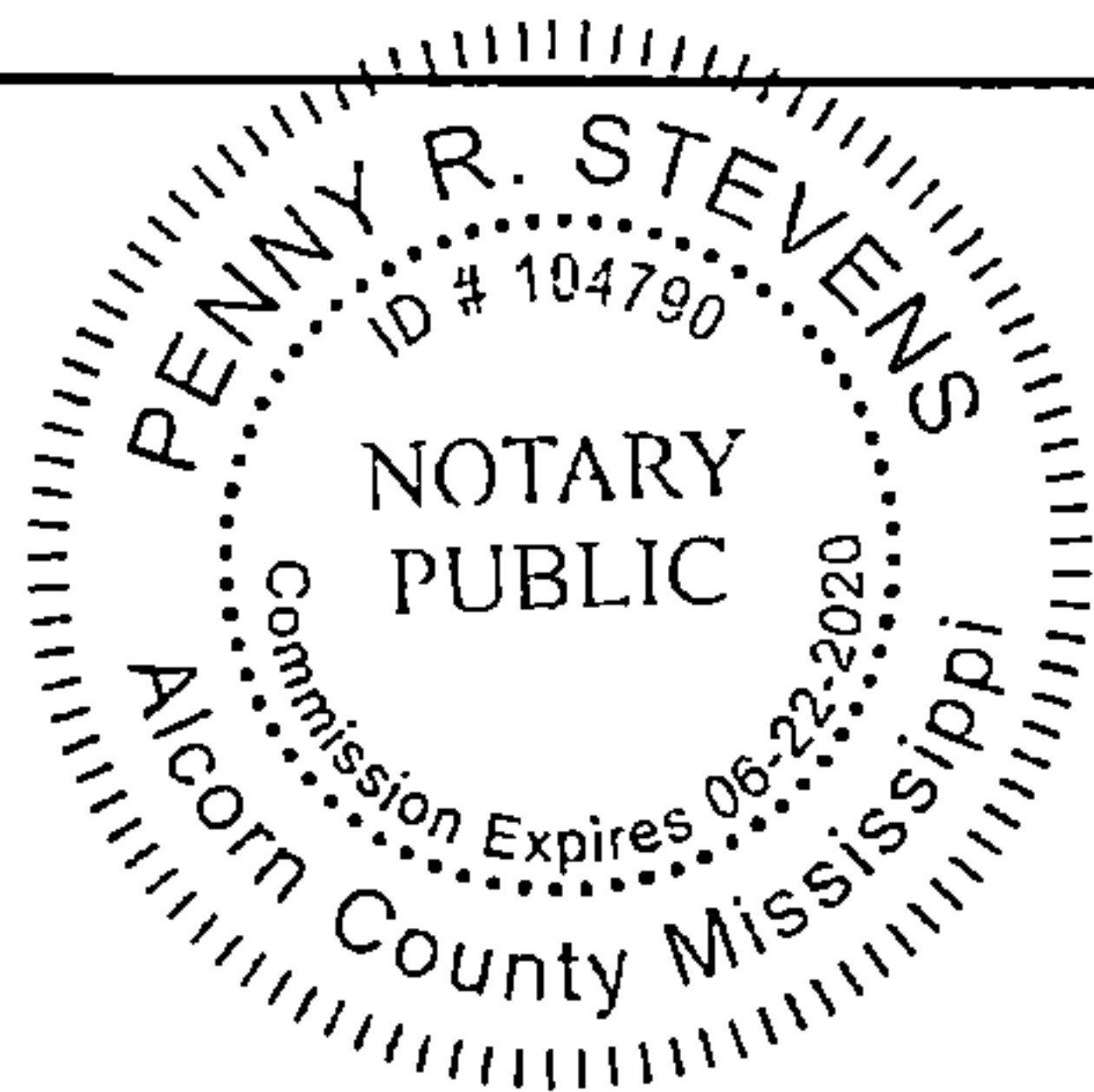
By:

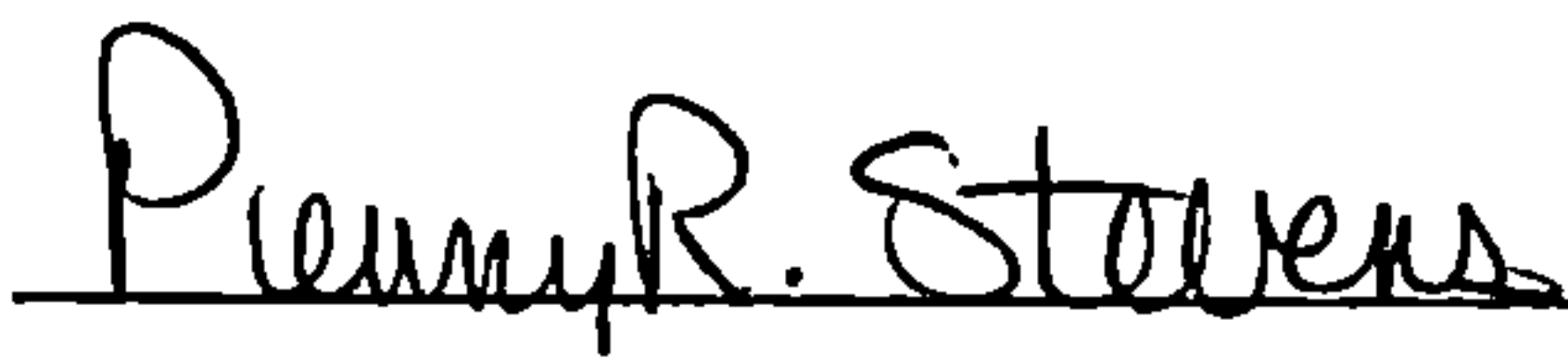

Jeremy Alan Blaylock, Esq. (BLA104)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Alcorn

The foregoing statement was acknowledged and verified before me this Wednesday, November 6, 2019, by Jeremy Alan Blaylock, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires: _____




NOTARY PUBLIC

Prepared by:
Jeremy Alan Blaylock, Esq.
514 East Waldron St.
Corinth, MS 38834



20191112000419150 1/1 \$.00
Shelby Cnty Judge of Probate, AL
11/12/2019 11:56:33 AM FILED/CERT