

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 Tyler Sumerel, which Baptist Health System, Inc. caused to be recorded on 1/14/2020 as 20200114000018840 in Shelby County Probate Office, in Alabama.

Prepared by:
Courtney B. Smith, Esq.
514 Waldron St.
Corinth, MS 38834

By:

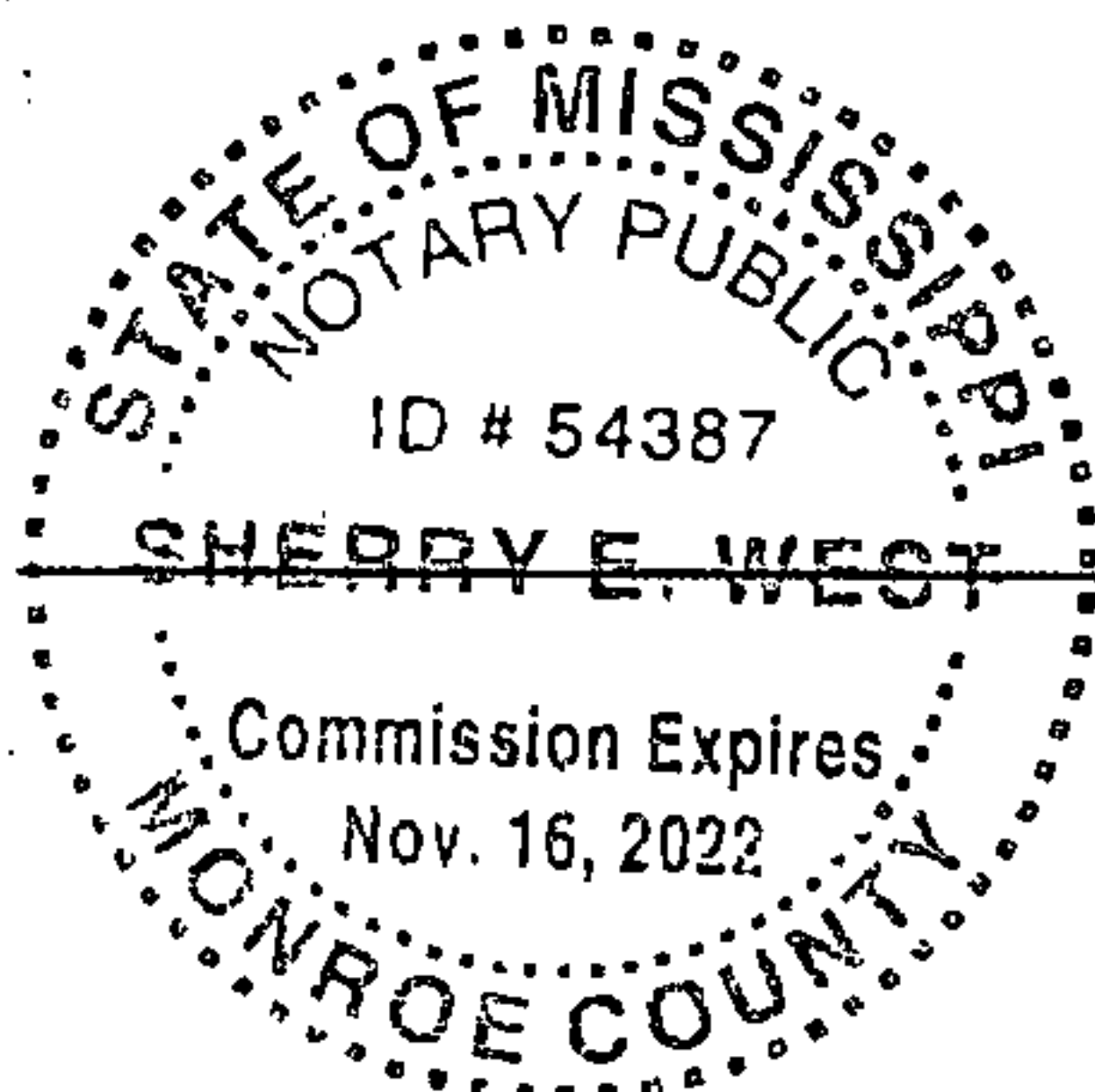
Courtney B. Smith

Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, February 20, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:



Sherry E. West
NOTARY PUBLIC



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Shelby Cnty Judge of Probate, AL
02/27/2020 01:04:10 PM FILED/CERT