411810741

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 9/30/2019 as 20190930000355110 in Shelby County Probate Office, in Alabama.

By: _____
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: _____

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 54387
SHERRY E. WEST
Commission Expires
Nov. 16, 2022
MONROE COUNTY

_____
NOTARY PUBLIC

20200227000077470 1/1 $.00
Shelby Cnty Judge of Probate, AL
02/27/2020 01:04:11 PM FILED/CERT