03/24/2020 12:17:13 PM FILED/CERT

TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

<u>AUTHORITY TO RELEASE AND DISCHARGE HOSPITAL LIEN</u>

You are hereby authorized and requested to release and discharge that certain Notice of Hospital Lien against claims of Edward Glenn, which Baptist Health System, Inc. caused to be recorded on 10/21/2019 as instrument number 20191021000386900 in the probate office of 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 Friday, March 13, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

ID # 54387

SHERRY E. WEST

Commission Expires:

Nov. 16, 2022

NOTARY PUBL

Prepared by: Courtney B. Smith. Esq. 514 Waldron St.

My commission expires:

Corinth, MS 38834