

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 Gloria Henderson, which Baptist Health System, Inc. caused to be recorded on 2/14/2020 as instrument number 2020021400061380 in the probate office of Shelby County Probate Office, in Alabama.

By:

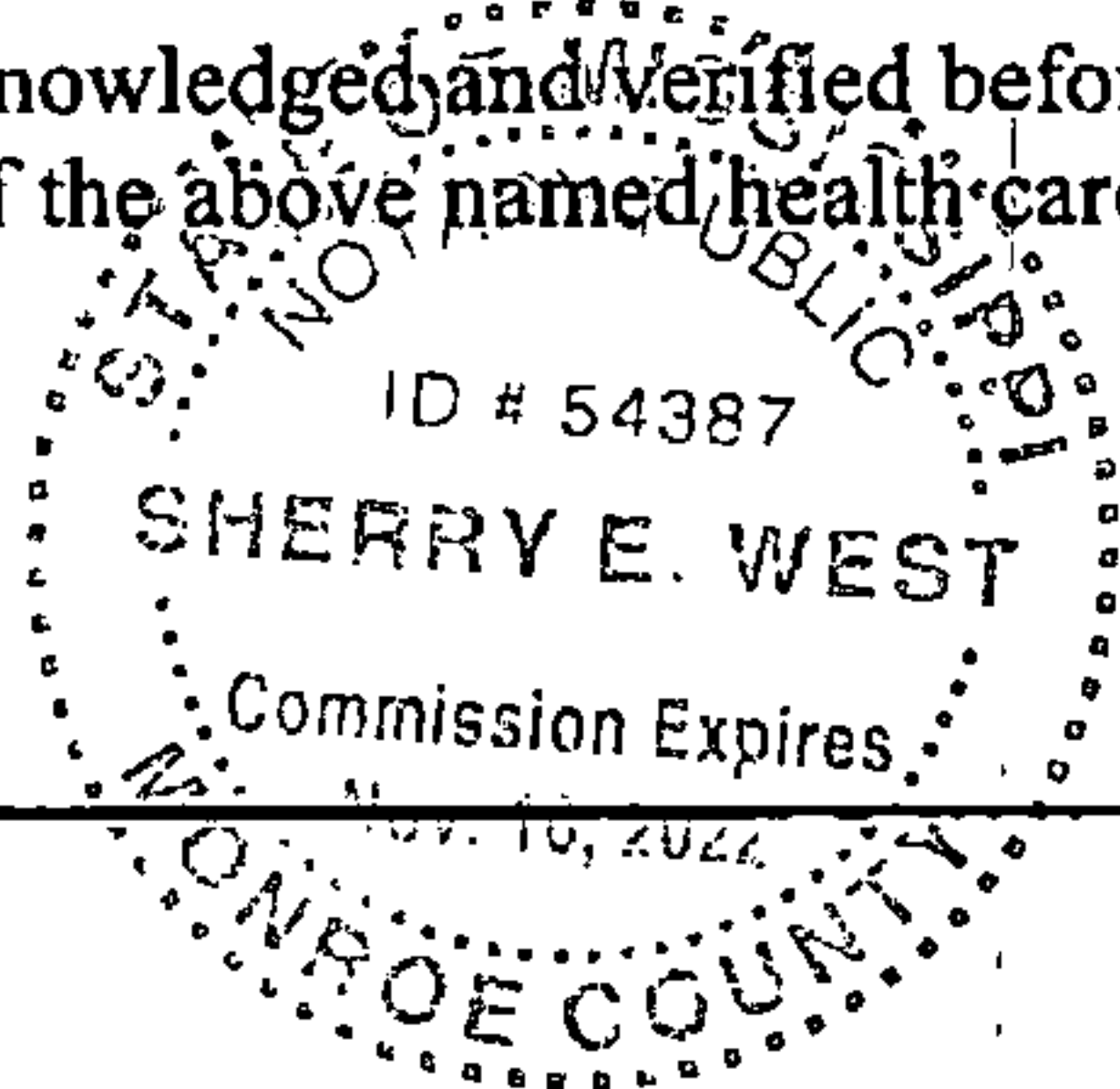
*Courtney B. Smith*

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 Monday, April 27, 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

Prepared by:  
Courtney B. Smith, Esq.  
4 Waldron St.  
Columbiana, MS 38834



20200501000170870 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
05/01/2020 09:02:41 AM FILED/CERT