

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 Faye Gaines, which Baptist Health System, Inc. caused to be recorded on 3/9/2020 as instrument number 20200309000093070 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.
 514 Waldron St.
 Corinth MS 38834



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 Shelby Cnty Judge of Probate, AL
 05/01/2020 09:02:42 AM FILED/CERT