

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 Stephanie Blalock, which Baptist Health System, Inc. caused to be recorded on 9/12/2019 as instrument number 20190912000336560 in the probate office of Shelby County Probate Office, in Alabama.

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

By:

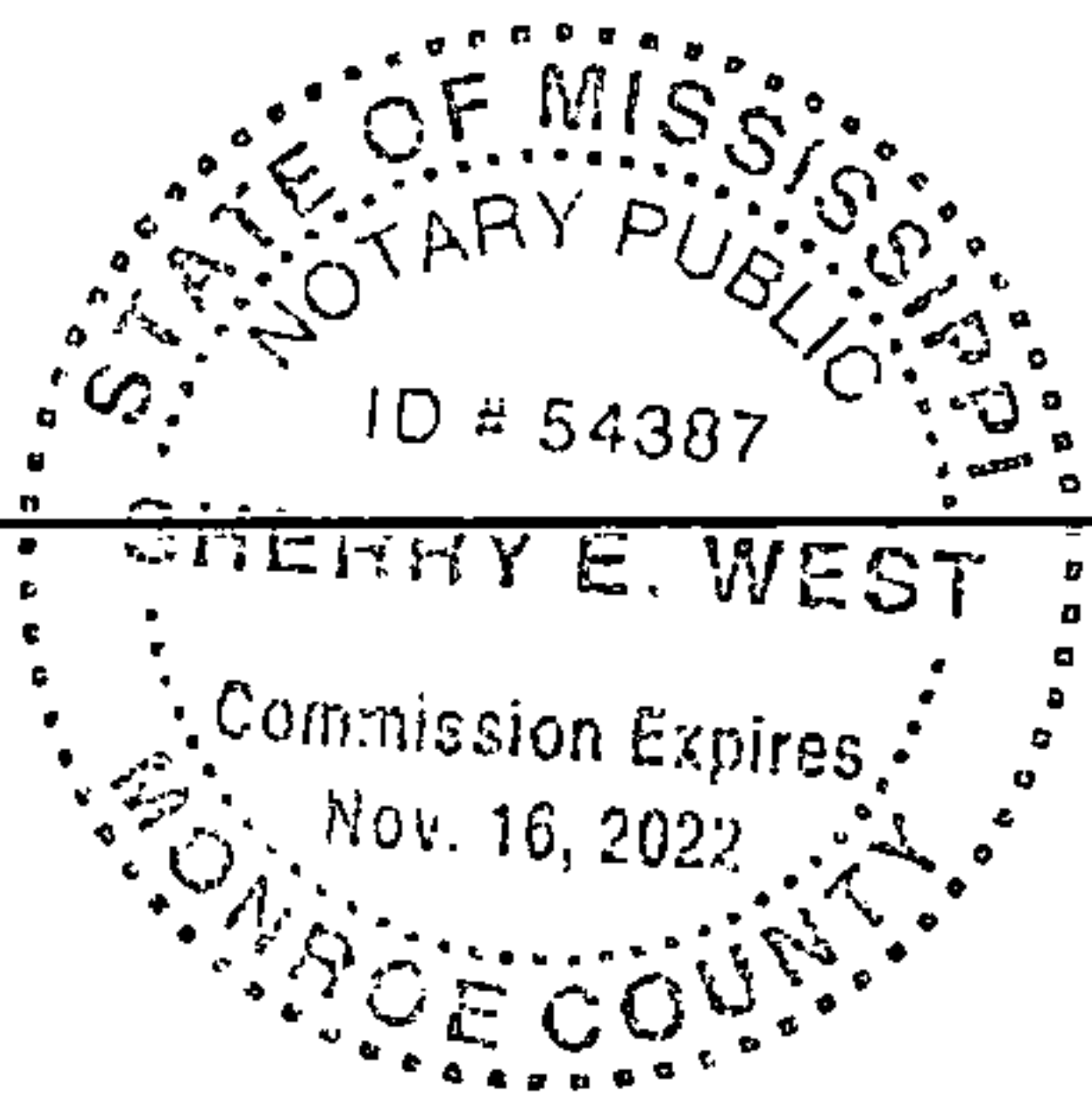
*Courtney B. Smith*

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 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:



*Cherry E. West*  
NOTARY PUBLIC



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Shelby Cnty Judge of Probate, AL  
05/01/2020 09:02:58 AM FILED/CERT