20200611000237190 171 \$ 00

2020061100023/190 1/1 \$.00 Shelby Cnty Judge of Probate, AL 06/11/2020 08:23:57 AM FILED/CERT

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 Mary Evans, which Baptist Health System, Inc. caused to be recorded on 10/7/2019 as instrument number 20191007000367620 in the probate office of Shelby County Probate Office, in Alabama.

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

mutay 5. Omote

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, June 4, 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:

ID # 54387

HERRY E. WEST

Commission Expires
Nov. 16, 2022

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