20200622000254170 1/1 \$.00 Shelby Cnty Judge of Probate, AL 06/22/2020 01:59:31 PM 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 Marisa Baldwin, which Baptist Health System, Inc. caused to be recorded on 1/9/2020 as instrument number 20200109000013420 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 Tuesday, June 16, 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

ID # 54387

Commission Expires
Nov. 16, 2022

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