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 Shelby Cnty Judge of Probate, AL
 07/27/2020 02:11:31 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 Nidia Escamilla, which Baptist Health System, Inc. caused to be recorded on 9/27/2019 as instrument number 20190927000353410 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 Friday, July 17, 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:



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

Sherry E. West
 NOTARY PUBLIC