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 Shelby Cnty Judge of Probate, AL
 08/03/2020 11:44:29 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 Breanna Collins, which Baptist Health System, Inc. caused to be recorded on 11/12/2019 as instrument number ~~2019112022419120~~ in the probate office of Shelby County Probate Office, in Alabama.

2019112000419120

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 Thursday, July 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:



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

Sherry E. West
 NOTARY PUBLIC