

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 Autumn Le, which Baptist Health System, Inc. caused to be recorded on 3/24/2020 as instrument number 2020024000116510 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

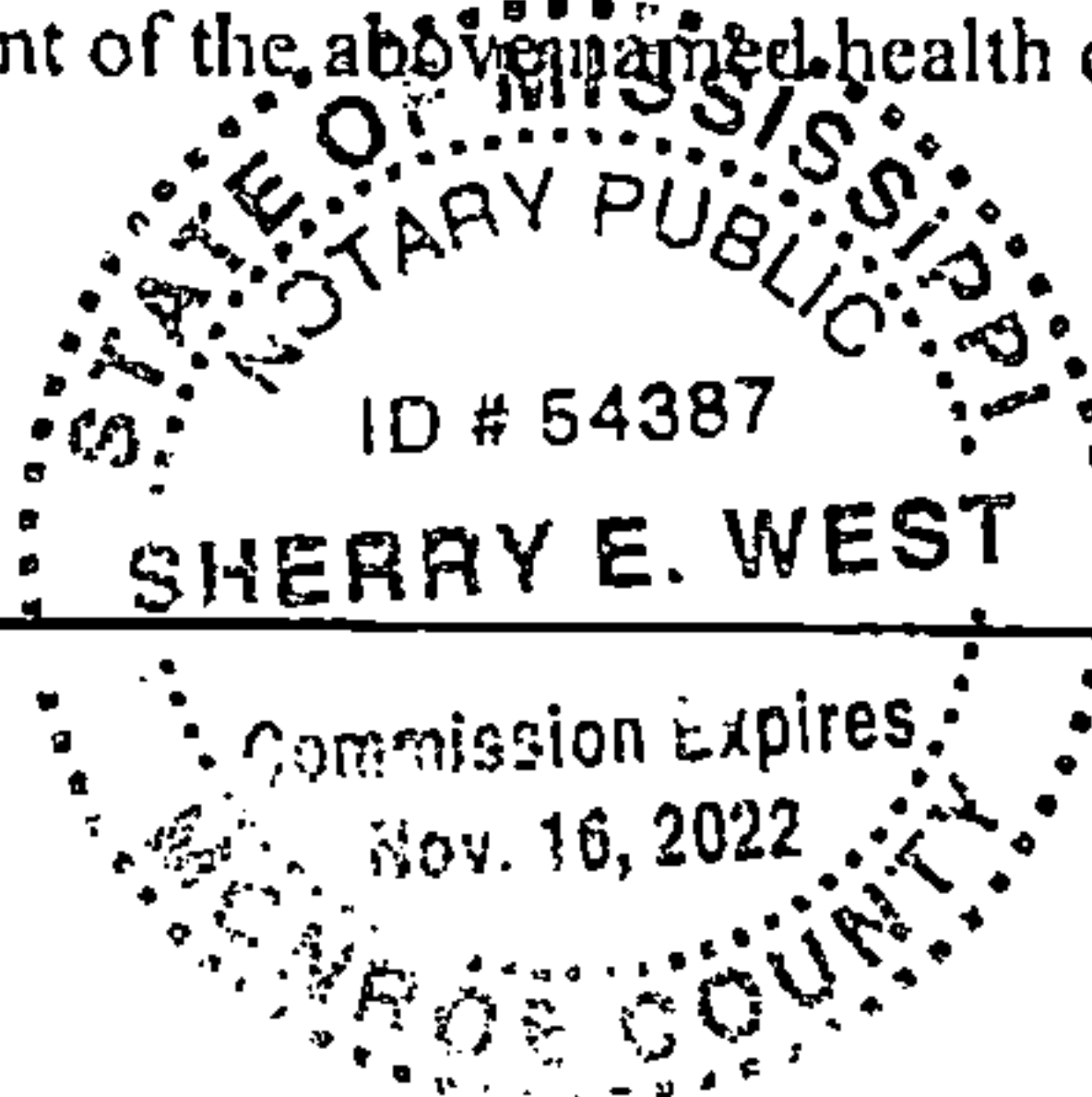
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Monday, July 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:



Sherry E. West
NOTARY PUBLIC

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



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Shelby Cnty Judge of Probate, AL
08/05/2020 10:04:10 AM FILED/CERT