

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 Alicia Alexander, which Baptist Health System, Inc. caused to be recorded on 6/4/2020 as instrument number 20200604000225950 in the probate office of Shelby County Probate Office, in Alabama.

By:

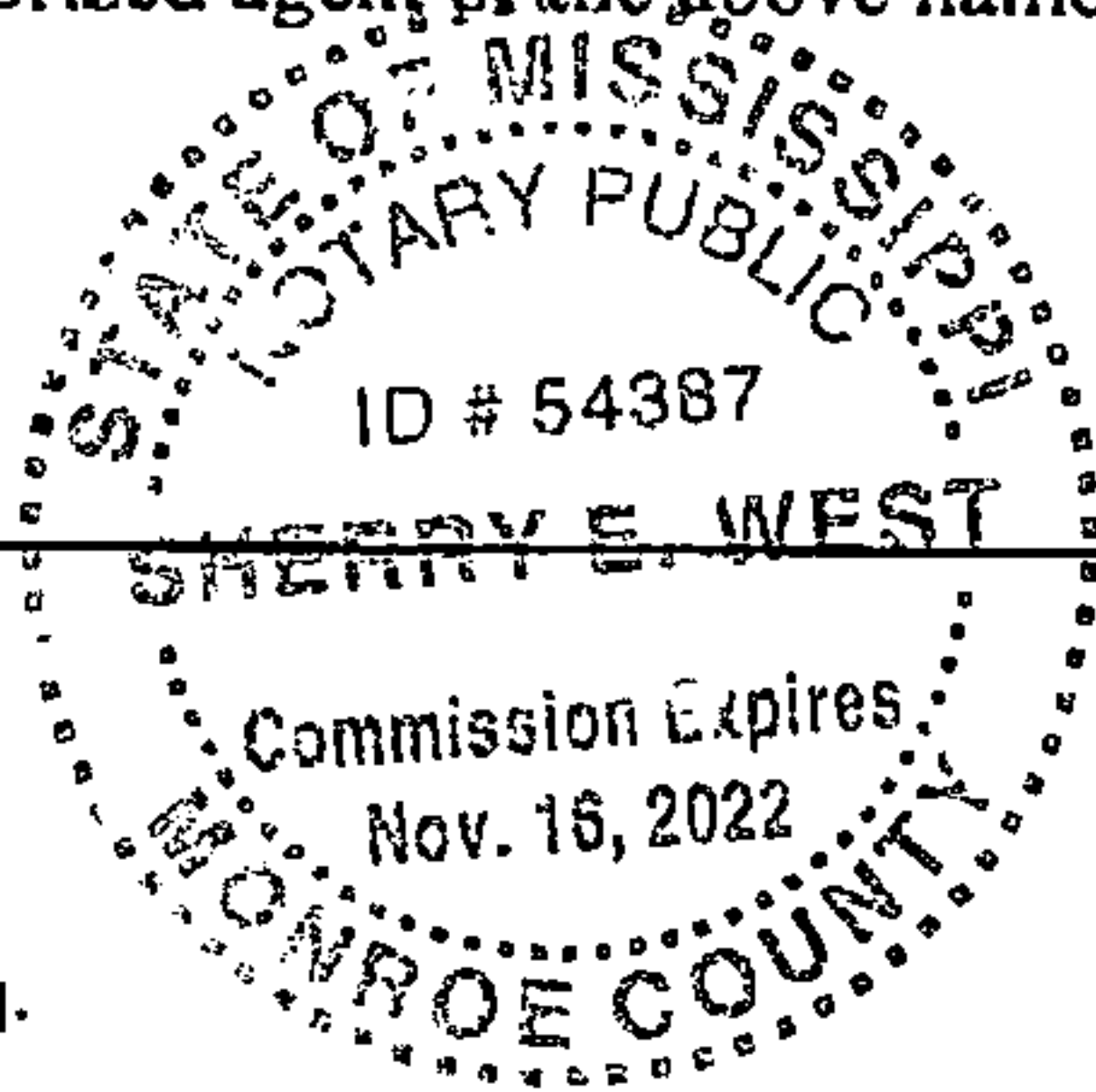
Courtney B. Smith  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, August 11, 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



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Shelby Cnty Judge of Probate, AL  
08/17/2020 02:14:56 PM FILED/CERT