

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 Jashara Yuret, which Baptist Health System, Inc. caused to be recorded on 6/15/2020 as instrument number 20200615000243180 in the probate office of Shelby County Probate Office, in Alabama.

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

outres S. Amos.

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, August 12, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the approximated health care provider for and on behalf of said hospital.

ID # 54387

My commission expires:

SHERRY E. WEST

Commission Expires.
Nov. 16, 2022

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