

**TO:** Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051



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Shelby Cnty Judge of Probate, AL  
09/28/2020 02:59:12 PM FILED/CERT

**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 Rosalba Mendez, which Baptist Health System, Inc. caused to be recorded on 9/14/2018 as instrument number 20180914000330660 in the probate office of Shelby County Probate Office, in Alabama.

By:

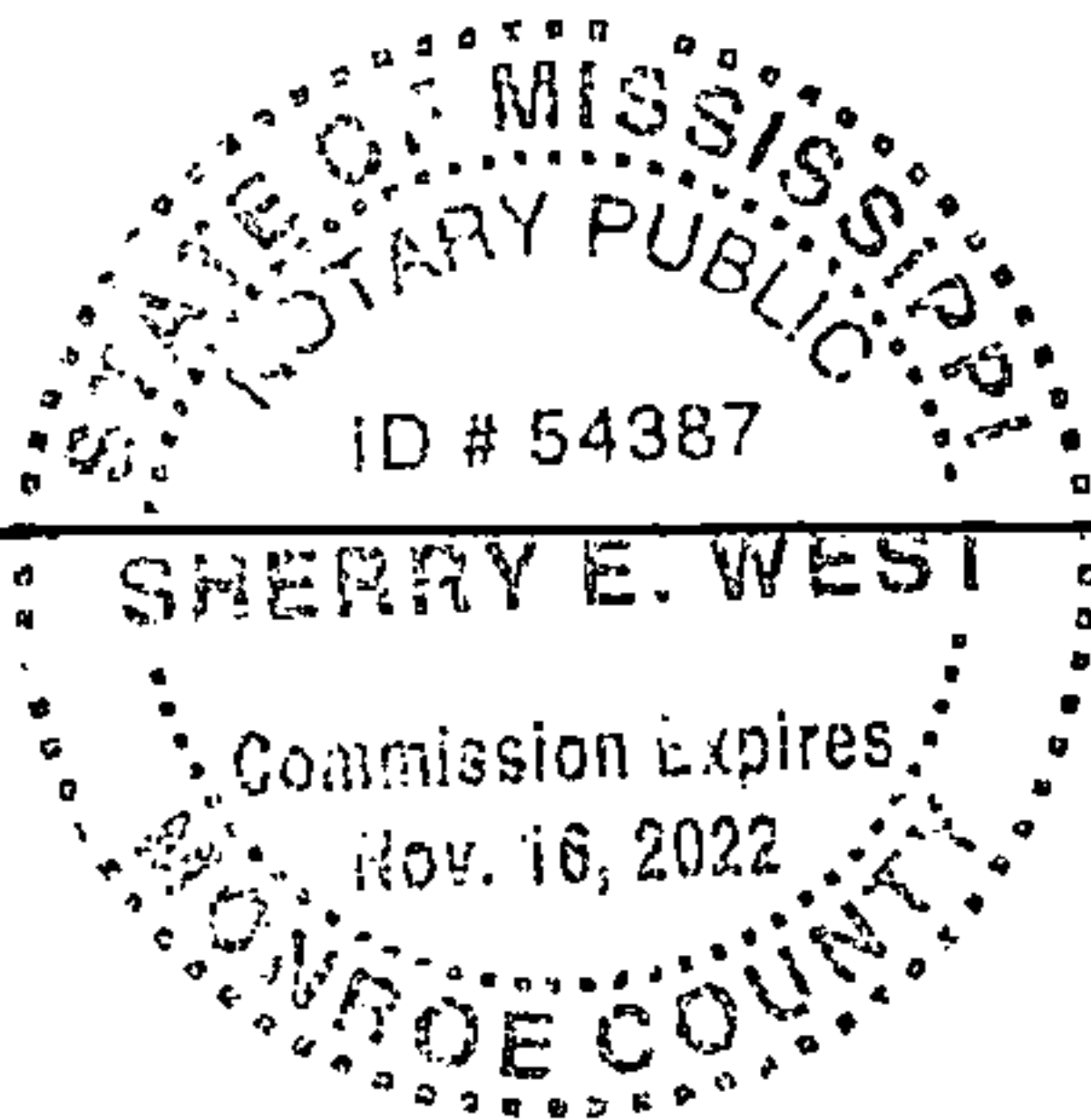
*Courtney B. Smith*

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, September 22, 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