

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 Eugenia Roque Sanchez, which Baptist Health System, Inc. caused to be recorded on 9/29/2020 as instrument number 20200929000438300 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 5. Amos

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi County of Lowndes

The foregoing statement was acknowledged and verified before me this Monday, October 19, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

ID#54387

My commission expires: SEERYE. WEST

Commission Expires

Prepared by: Courtney B. Smith, Esq. 514 East Waldron Street Corinth, MS 38834 NOTA DV DI IDLI