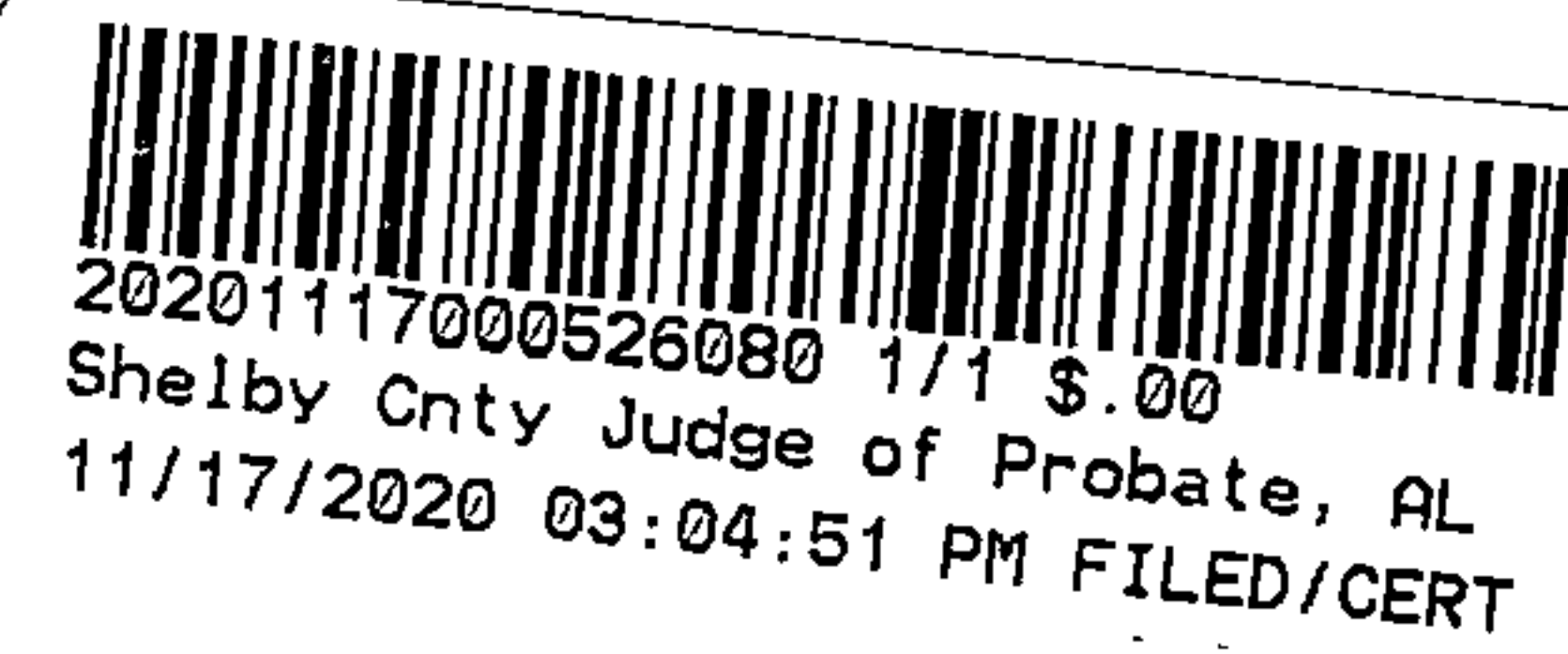




TO: Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

**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 Earnestine Lucas, which Baptist Health System, Inc. caused to be recorded on 6/7/2019 as 20190607000199770 in the probate office of Shelby County Probate Office, in Alabama.

By:

*Courtney B. Smith*

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Princeton 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 Friday, November 6, 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 East Waldron Street  
Corinth, MS 38834