

**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 Lisa Higgins, which Baptist Health System, Inc. caused to be recorded on 10/27/2017 as instrument number 20171027000390180 in the probate office of Shelby County Probate Office, in Alabama.

By:

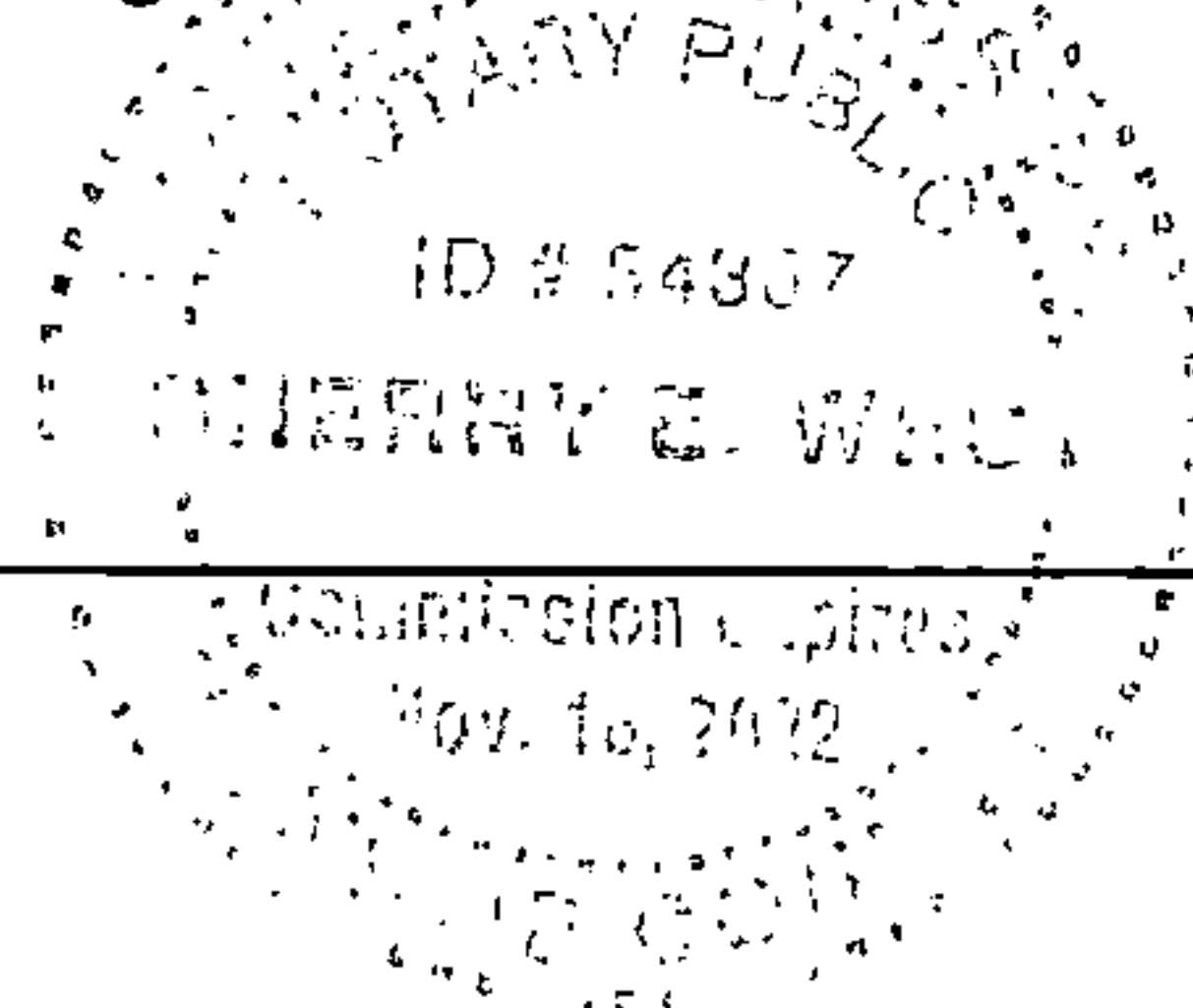
*Courtney B. Smith*

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 Monday, December 7, 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 G. Wells*  
NOTARY PUBLIC

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