



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 Harold Reynolds, which Baptist Health System, Inc. caused to be recorded on 5/15/2020 as instrument number 20200515000194650 in the probate office of Shelby County Probate Office, in Alabama.

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

By:

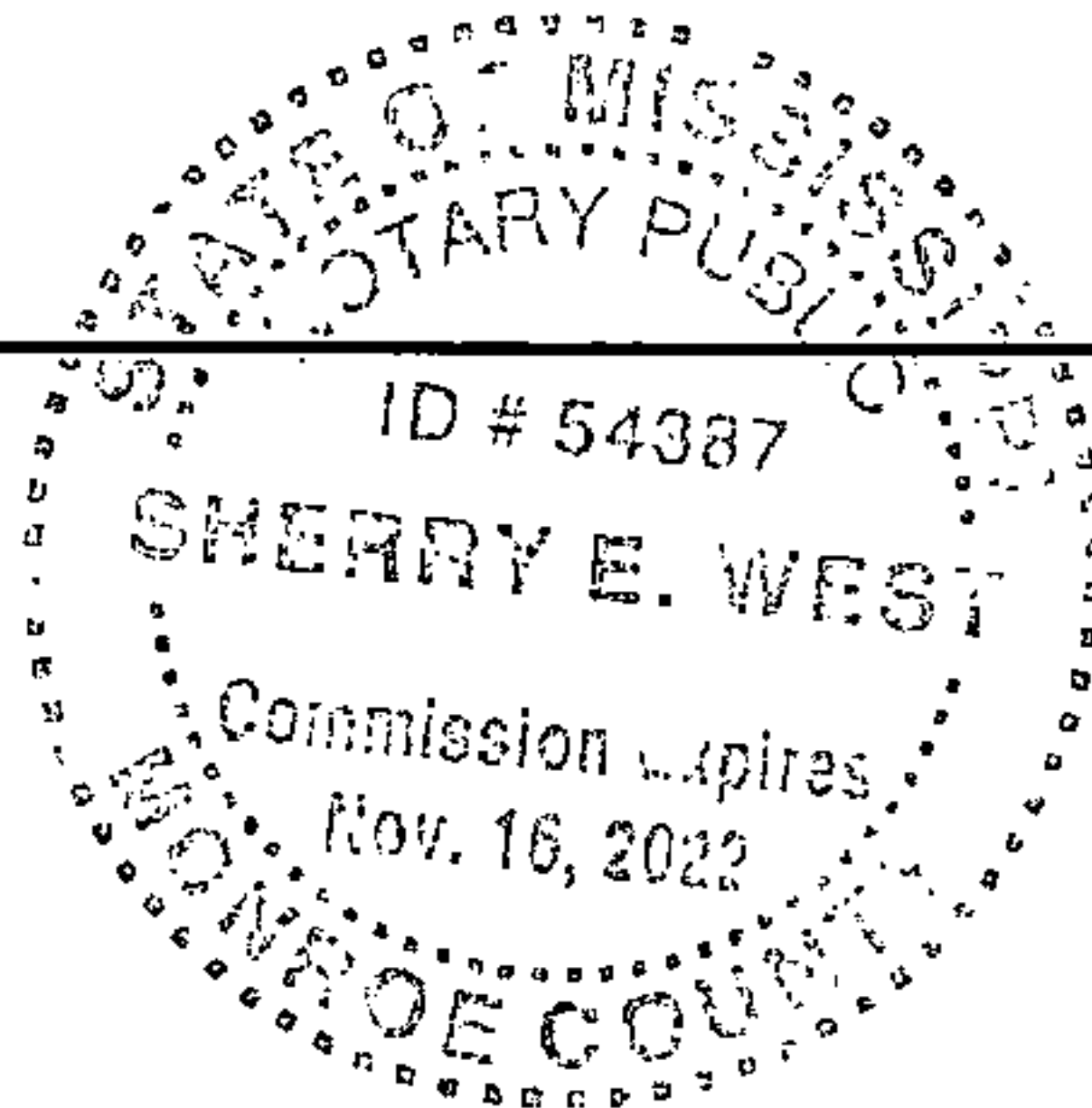
Courtney B. Smith

Courtney B. Smith, Esq. (2987N58S)
 Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi 5
 County of Lowndes 1

The foregoing statement was acknowledged and verified before me this Monday, March 29, 2021, 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