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Shelby Cnty Judge of Probate, AL
04/06/2021 09:22:47 AM FILED/CERT

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 Amelia Hernandez, which Baptist Health System, Inc. caused to be recorded on 9/21/2018 as instrument number 20180921000338780 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
County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, March 25, 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: _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 54387 SHERRY E. WEST Commission Expires Nov. 16, 2022 MONROE COUNTY

Sherry E. West
NOTARY PUBLIC