

20210723000357390 171 \$.00 Shelby Cnty Judge of Probate, AL 07/23/2021 12:48:42 PM 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 Chris Cordero, which Baptist Health System, Inc. caused to be recorded on 8/31/2020 as instrument number 20200831000382520 in the probate office of Shelby County Probate Office, in Alabama.

By:

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 Wednesday, July 21, 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

ID # 54387

Prepared by:
Courtney 3. Smith, Esq.
514 East Waldron Street

Corinth, NS 38834

NOTARY PUBLIC

RE