

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 Kaitlinn Jones, which Baptist Health System, Inc. caused to be recorded on 8/5/2020 as instrument number 20200805000333040 in the probate office of Shelby County Probate Office, in Alabama.

By:

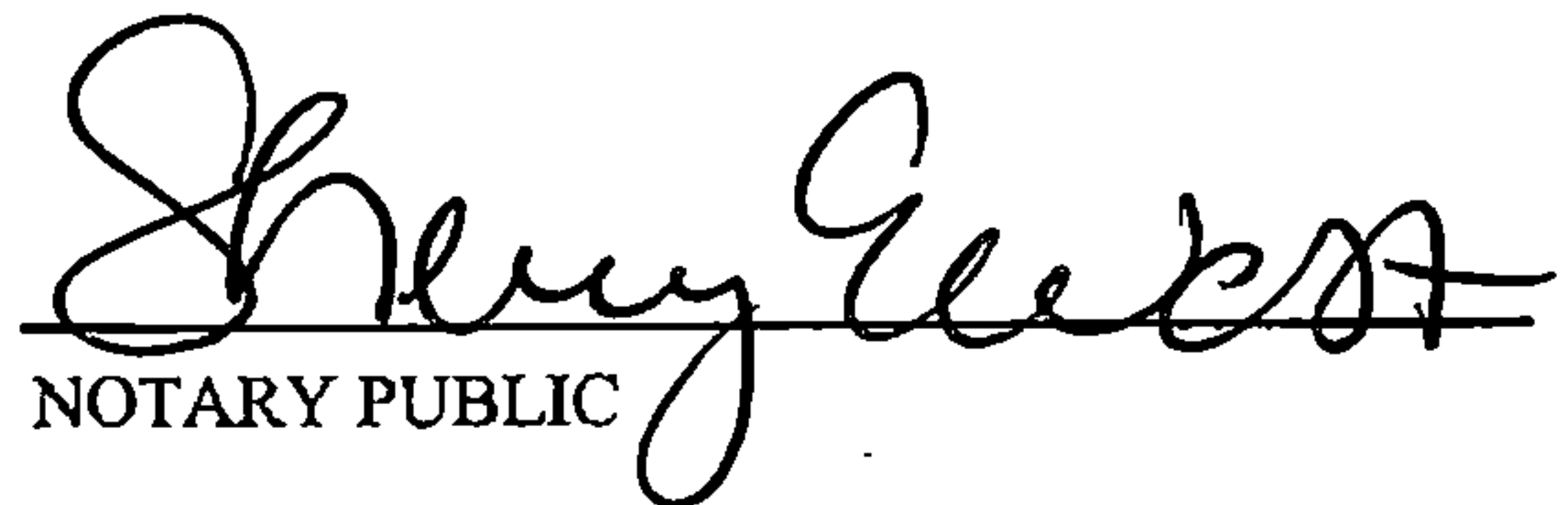


Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887


State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, July 28, 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:


NOTARY PUBLIC

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


20210805000380110 1/1 \$.00
Shelby Cnty Judge of Probate, AL
08/05/2021 12:54:22 PM FILED/CERT