

20210903000431800 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/03/2021 11:51:48 AM FILED/CERT

TO:

Shelby County Probate Office

: ;

·•:

P.O. Box 825

Columbiana, AL 35051

 Y_{MP}

11/4

1

BN

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 Kimberly Quillman, which Baptist Health System, Inc. caused to be recorded on 3/19/2021 as instrument number 20210319000137710 in the probate office of Shelby County Probate Office, in Alabama.

Prepared by: Courtney B. Smith

Courtney B. Smith, Esq. 514 Ea# Waldron Street Corinth#MS 38834

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

outry S. Omit

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, August 26, 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:

ERRY E. WEST

Nov. 16, 2022

NOTARY PUBLIC

€ 3