

20211215000593490 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/15/2021 11:29:16 AM FILED/CERT

TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

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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 Overby, which Baptist Health System, Inc. caused to be recorded on 4/21/2020 as instrument number 20200421000156590 in the probate office of Shelby County Probate Office, in Alabama.

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

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FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, December 2, 2021, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

ID # 54387

My commission expires: SHERRY E. WEST

Commission Expires . Nov. 16, 2022

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

NOTARY PUBLIC