

20211223000606780 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/23/2021 01:08:01 PM FILED/CERT

Shelby County Probate Office TO:

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 Darren Kirk, which Baptist Health System, Inc. caused to be recorded on 10/4/2021 as instrument number 20211004000483180 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, December 8, 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: $\frac{(x)}{x}$

SHERRY E. WEST

ID # 54387

.Commission Expires,

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

Corinth, MS 38834

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