

20211230000614640 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/30/2021 03:02:53 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 Susie Warren, which Baptist Health System, Inc. caused to be recorded on 10/26/2020 as instrument number 20201026000485320 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 Monday, December 13, 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:

Commission Expires

ID # 54387

Prepared by: Courtney B. Smith, Esq.

a.

514 East Waldron Street

Corinth, MS 38834