

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 Flor Leticia Hernandez Mora, which Baptist Health System, Inc. caused to be recorded on 6/7/2019 as instrument number 20190607000199760 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 athhorized agent of the above named health care provider for and on behalf of said hospital.

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

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