

202201140000017900 1/1 \$.00 Shelby Cnty Judge of Probate, AL 01/14/2022 01:24:44 PM FILED/CERT

TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

## <u>AUTHORITY TO RELEASE AND DISCHARGE HOSPITAL LIEN</u>

You are hereby authorized and requested to release and discharge that certain Notice of Hospital Lien against claims of Kasey Manley, which Baptist Health System, Inc. caused to be recorded on 7/6/2021 as instrument number 20210706000325590 in the probate office of Shelby County Probate Office, in Alabama.

20210706000325690

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 6, 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:

1D # 54387

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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