412117471

20220202000047160 1/1 $.00
Shelby Cnty Judge of Probate, AL
02/02/2022 12:07:40 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 Sulieman Samander, which Baptist Health System, Inc. caused to be recorded on 5/4/2021 as instrument number 20210504000219990 in the probate office of Shelby County Probate Office, in Alabama.

By: Courtney B. Smith
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 Friday, January 14, 2022, 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: [illegible]

STATE OF MISSISSIPPI
NOTARY PUBLIC
SHERRY E. WEST
ID # 54387
Commission Expires
Nov. 16 2022
LOWNDES COUNTY

Sherry E. West
NOTARY PUBLIC

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