TO:



20220216000067860 1/1 \$.00 Shelby Cnty Judge of Probate, AL 02/16/2022 01:16:41 PM FILED/CERT

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 Cynthia Walker, which Baptist Health System, Inc. caused to be recorded on 5/27/2021 as instrument number 20210527000261510 in the probate office of Shelby County Probate Office, in Alabama.

By:

Courtney 3 Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

necticey 5. Amick

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, February 10, 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:

SHERR

WEST

, Commission dixpires ∴

Prepared by:

Courtney B. Smith, Esq. ON POECOUNTS

514 East Waldron Street

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Corinth, MS 38834