

20220216000067870 1/1 \$.00 Shelby Cnty Judge of Probate, AL 02/16/2022 01:16:42 PM FILED/CERT

TO: Shelby County Probate Office P.O. Box 825

Columbiana, AL 3505!

## 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 1/14/2022 as instrument number 20220114000018310 in the probate office of Shelby County Probate Office, in Alabama.

By:

Courtney 3 Spith 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 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:

Countrey B. Smith, Esq. 514 East Waldron Street Connth, MS 38834 Commission Expires Nov. 16, 2022

VAC COUN

SHERRY E. WEST