

20220318000112570 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/18/2022 11:12:13 AM 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 Brandon Snerling, which Baptist Health System, Inc. caused to be recorded on 6/23/2021 as instrument number 20210623000305720 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 Wednesday, March 2, 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:

SHERRY E. WEST

Commission Expires.

1D # 54387

Prepared by: Courtney 8. Smith, Esq. 514 East Waldron Street Corinto, MS 38834 NOFARY PUBLIC