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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 Sajad Dewani, which Baptist Health System, Inc. caused to be recorded on 12/23/2021 as instrument number 2021122300060650 in the probate office of Shelby County Probate Office, in Alabama.

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

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FOR INQUIRIES CALL (855) 283-2887

State of Mississippi County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, March 15, 2022, by Courtney B. Smith. Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

NEST

My commission expires:

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

Corinth, MS 38834

NOTARY PLBLIC

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