

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051



20220517000200180 1/1 \$.00
Shelby Cnty Judge of Probate, AL
05/17/2022 10:25:51 AM FILED/CERT

AUTHORITY TO RELEASE AND DISCHARGE HOSPITAL LIEN

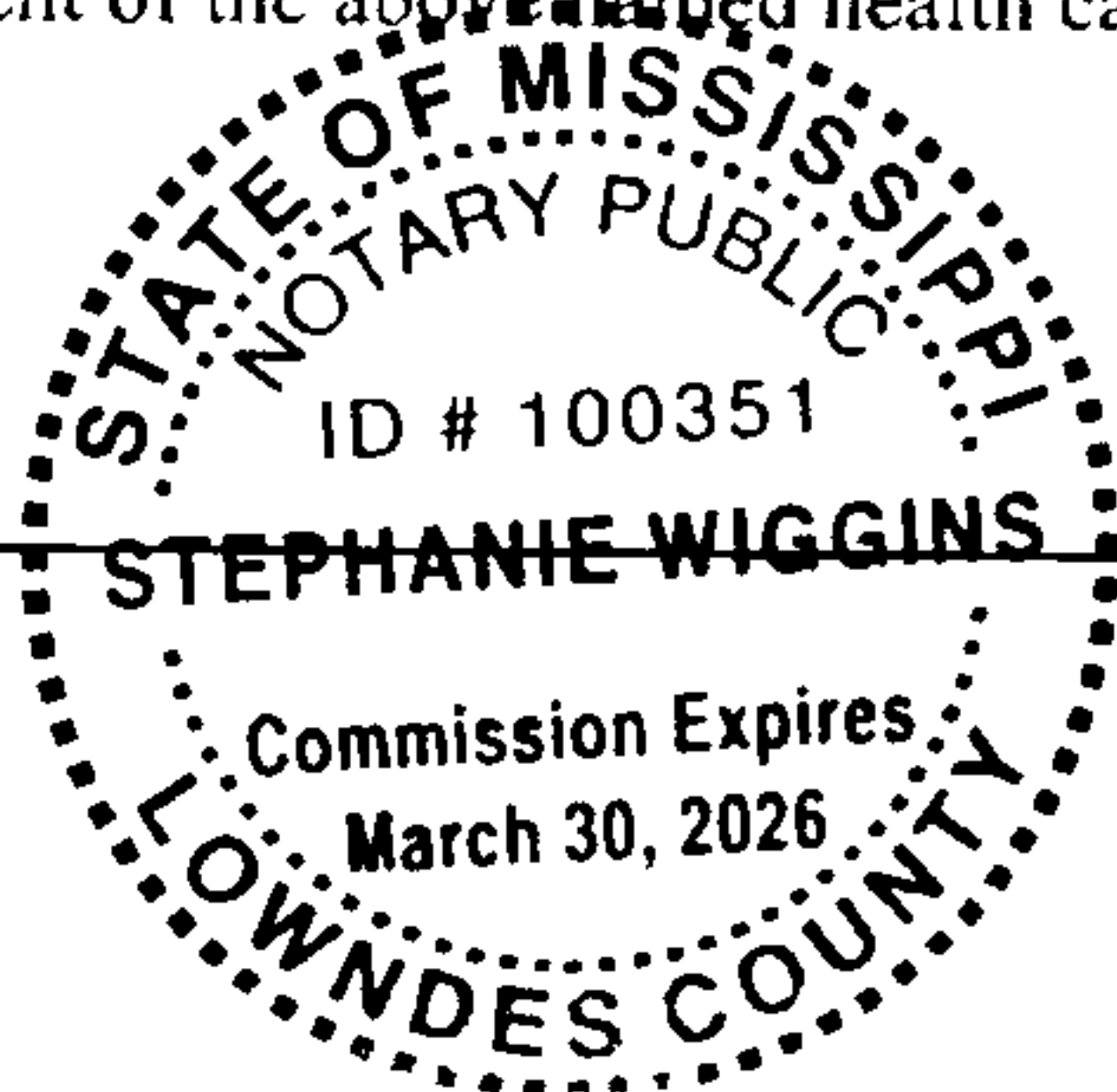
You are hereby authorized and requested to release and discharge that certain Notice of Hospital Lien against claims of Sara Gonzalez, which Baptist Health System, Inc. caused to be recorded on 12/6/2021 as instrument number 20211206000580540 in the probate office of Shelby County Probate Office, in 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, May 6, 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: _____



Stephanie Wiggins
NOTARY PUBLIC

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