

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

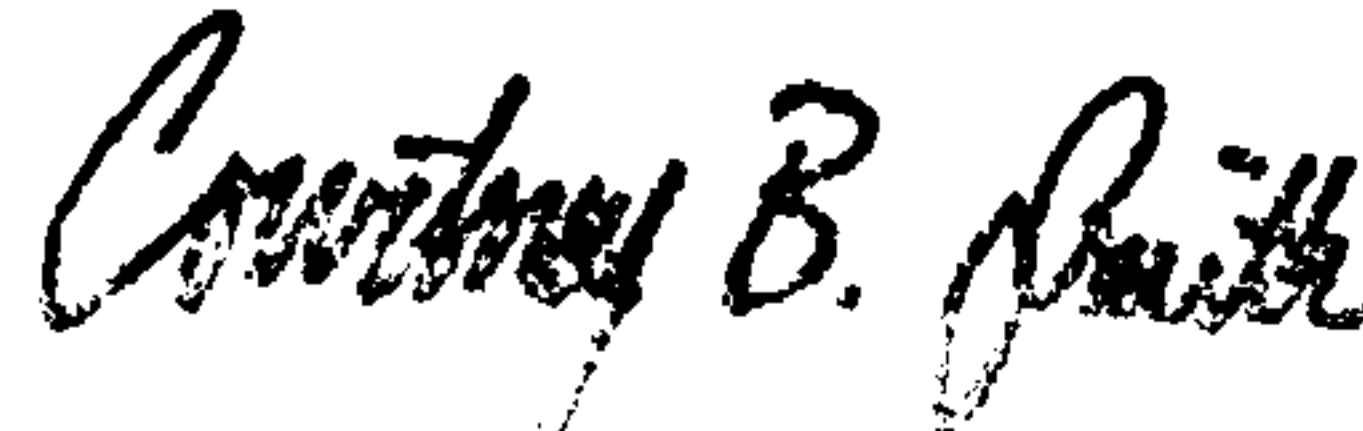
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Shelby Cnty Judge of Probate, AL
08/15/2022 03:30:37 PM FILED/CERT

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 Riaz Ahmed, which Baptist Health System, Inc. caused to be recorded on 12/1/2021 as instrument number 20211201000571810 in the probate office of Shelby County Probate Office, in Alabama.

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

By:



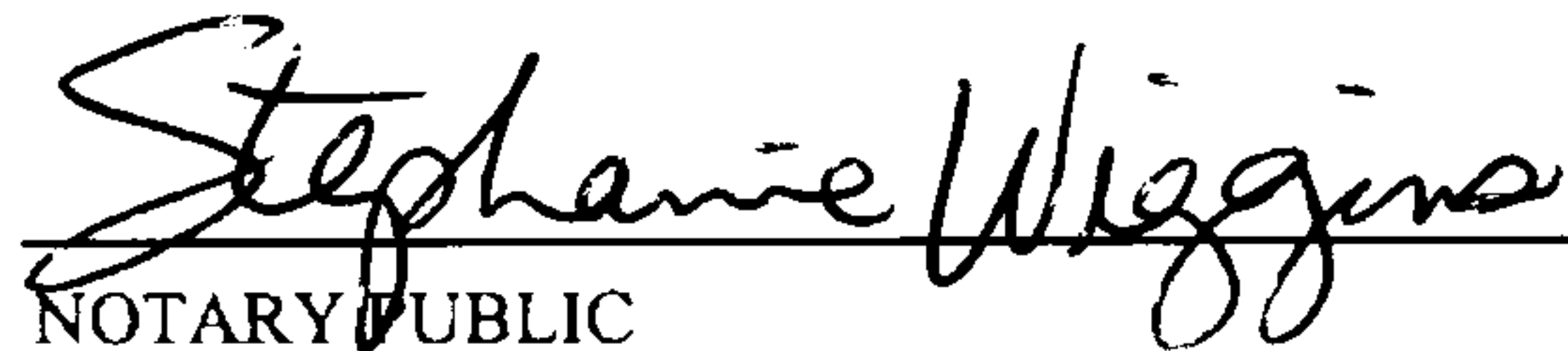
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, August 3, 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: _____




NOTARY PUBLIC