20220921000364650 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/21/2022 12:59:17 PM 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 Cynthia Cobb, which Baptist Health System, Inc. caused to be recorded on 3/23/2020 as instrument number 20200323000113850 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:

ID # 100351

STEPHANIE WIGGINS

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, September 14, 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