

20221020000396120 1/1 \$.00 Shelby Cnty Judge of Probate, AL 10/20/2022 12:09:53 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 Walter Cunningham, which Baptist Health System, Inc. caused to be recorded on 12/15/2021 as instrument number 20211215000593360 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 Thursday, October 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:

ID # 100351

STEPHANIE WIGGINS
Commission Expires

Commission Expires

March 30, 2026

NOTARY RUBLIC