

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



20221117000425430 1/1 \$.00
Shelby Cnty Judge of Probate, AL
11/17/2022 10:27:48 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 Dorothy Caird, which Baptist Health System, Inc. caused to be recorded on 10/18/2022 as instrument number 20221018000393230 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:

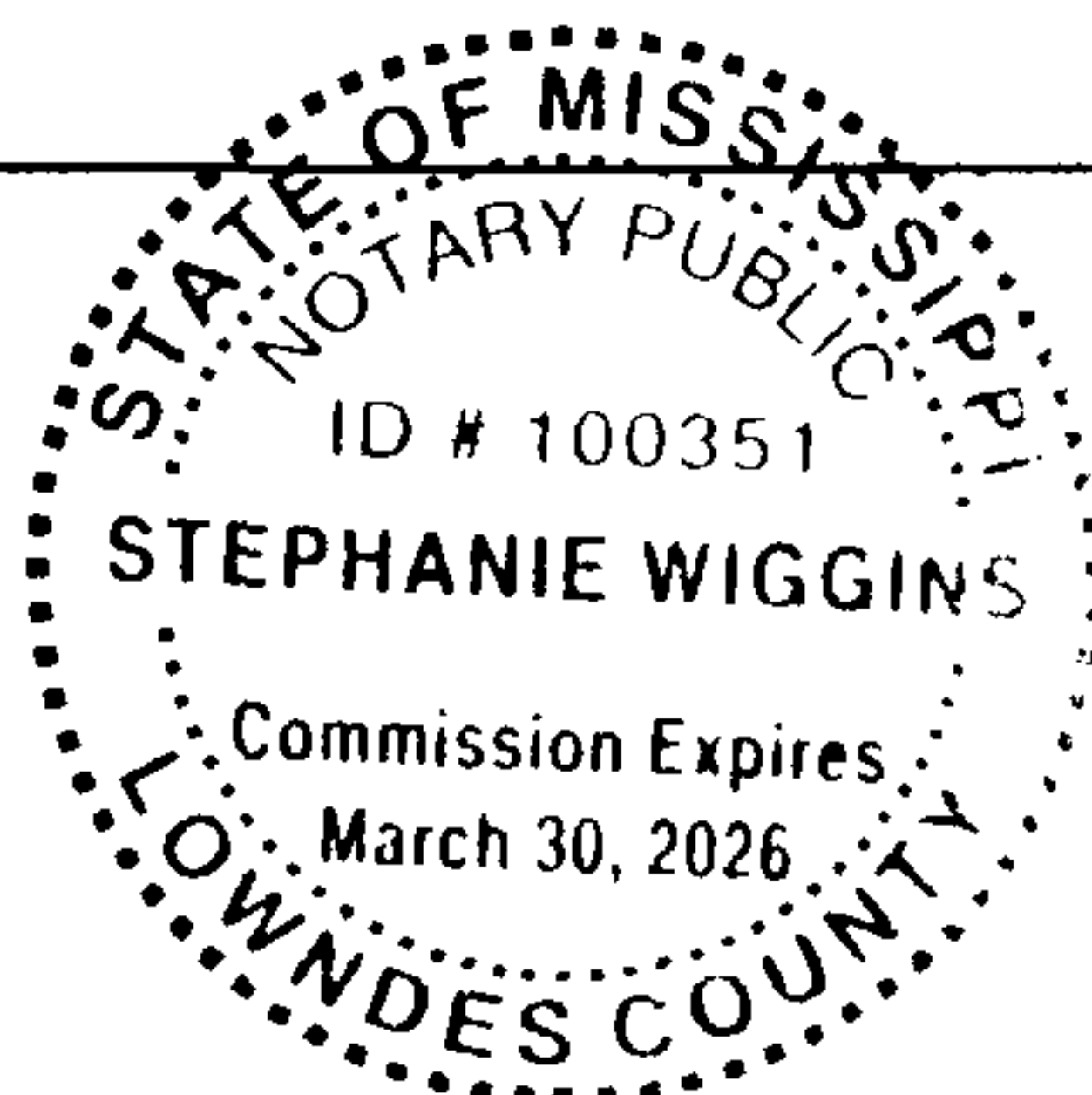
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, November 2, 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