

202301030000001980 1/1 \$.00 Shelby Cnty Judge of Probate, AL 01/03/2023 12:12:30 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 Randy Lee, which Baptist Health System, Inc. caused to be recorded on 12/23/2021 as instrument number 2021122300060680 in the probate office of Shelby County Probate Office, in Alabama.

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

By:

Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center

Justy B. Jak.

FOR INQUIRIES CALL (833) 760-0817

State of Mississippi County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, December 28, 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

ommission Expires

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