

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



20230124000019460 1/1 \$.00
Shelby Cnty Judge of Probate, AL
01/24/2023 10:40:46 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 Judy Gant, which Baptist Health System, Inc. caused to be recorded on 12/6/2022 as instrument number 20221206000442950 in the probate office of Shelby County Probate Office, in Alabama.

Courtney B. Smith

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

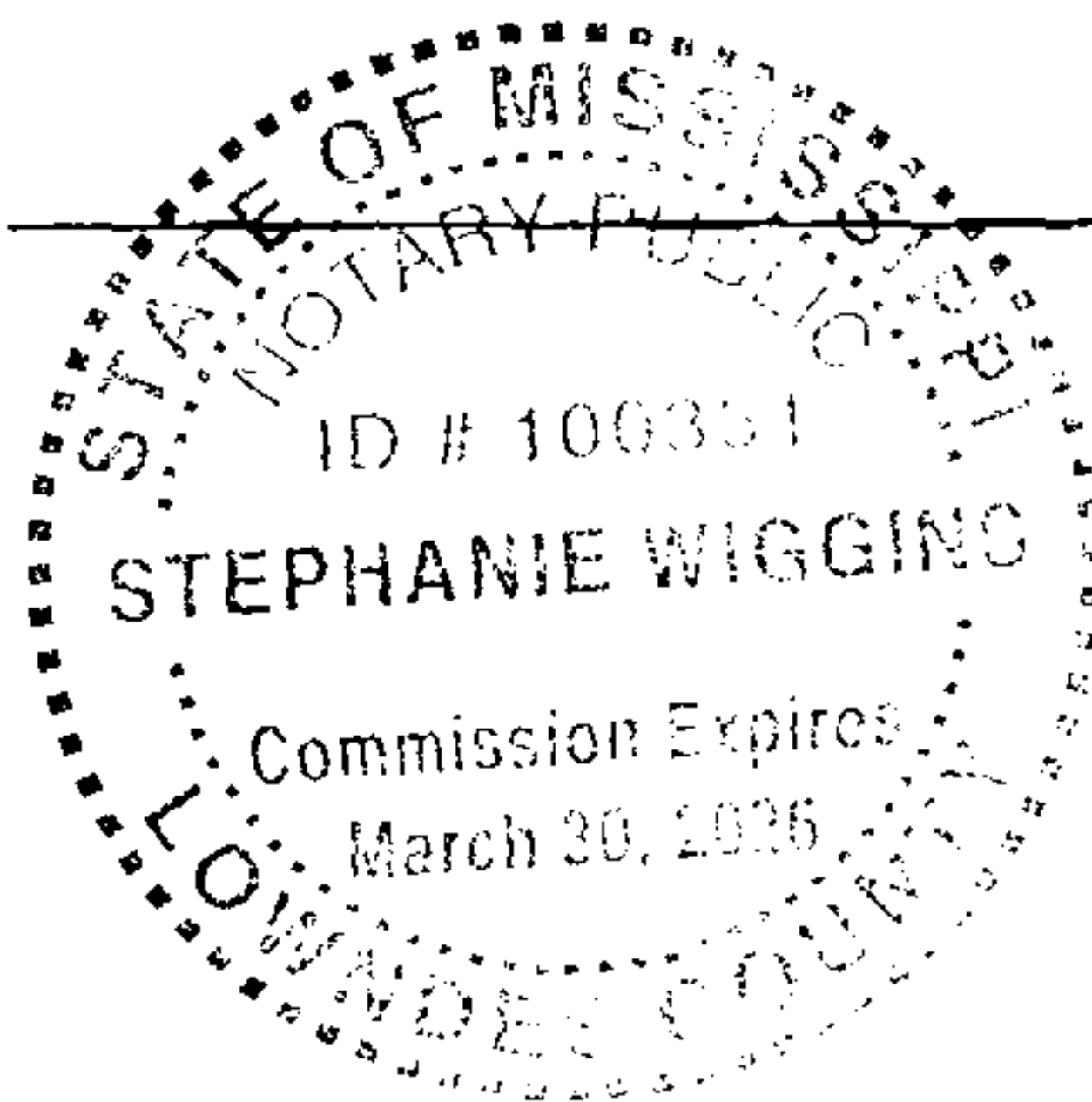
By: _____

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 Monday, January 16, 2023, 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: _____



Stephanie Wiggins

NOTARY PUBLIC