412214073



TO:Shelby County Probate OfficeP.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 Latoya Woods, which Baptist Health System, Inc. caused to be recorded on 8/17/2021 as instrument number 20210817000399930 in the probate office of Shelby County Probate Office, in Alabama.

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

ity B. Jail

## 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.

By:

My commission expires: 1D # 10035 STEPHANIE WIGGIES

NOTARY PUBLIC

