

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



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Shelby Cnty Judge of Probate, AL
02/09/2023 11:06:02 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 April McNutt, which Baptist Health System, Inc. caused to be recorded on 3/2/2017 as instrument number 20170302000072670 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. (2984 N58S)
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 23, 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:


NOTARY PUBLIC