

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

20230406000095980 1/1 \$.00
Shelby Cnty Judge of Probate, AL
04/06/2023 09:36:28 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 Carl Fox, which Baptist Health System, Inc. caused to be recorded on 5/17/2022 as instrument number 20220517000200100 in the probate office of Shelby County Probate Office, in Alabama.

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

By:

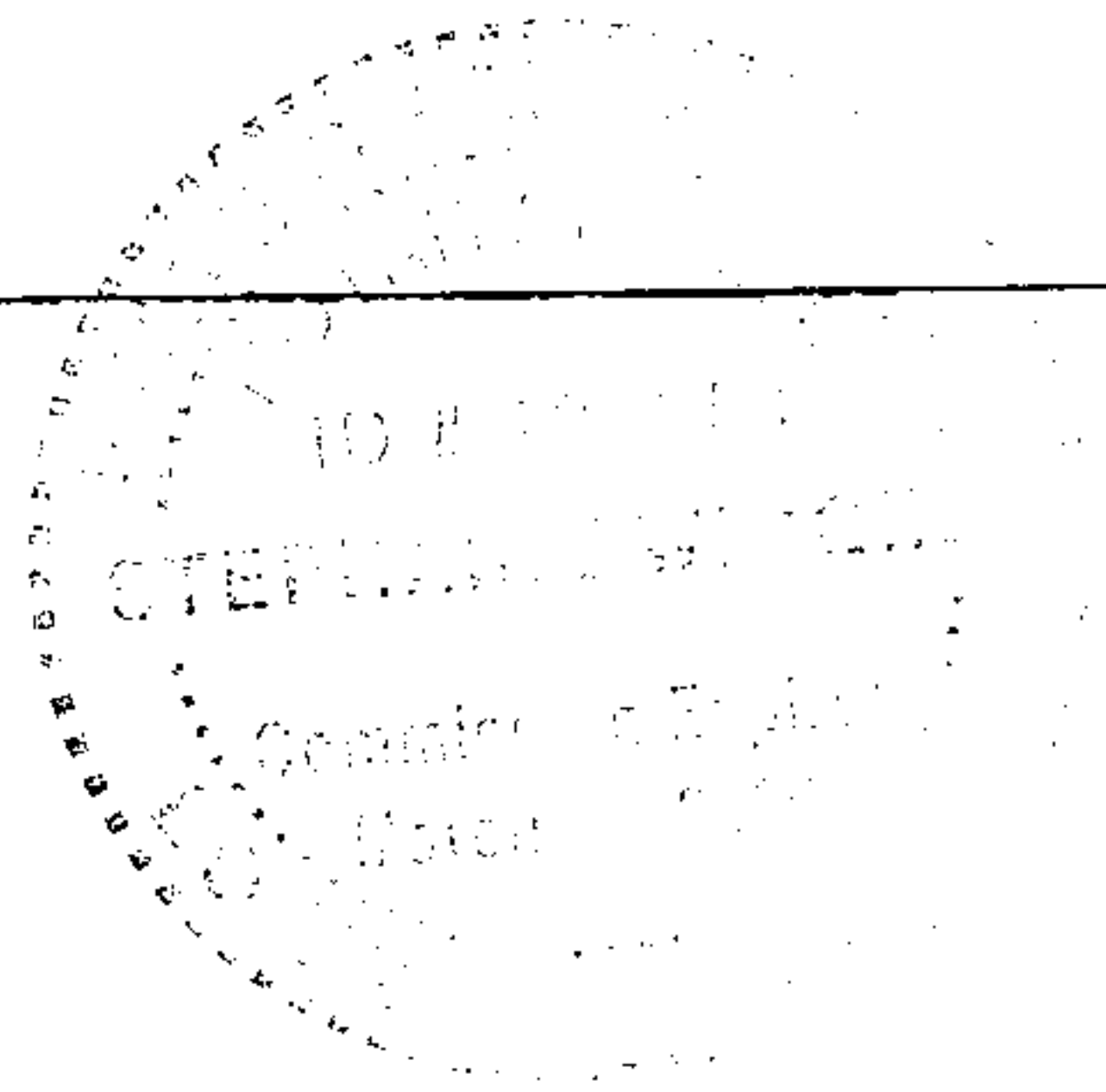
Courtney B. Smith

Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (833) 760-0817

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, March 28, 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