



20230406000096100 1/1 \$.00
Shelby Cnty Judge of Probate, AL
04/06/2023 09:36:40 AM 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 Melissa Parr, which Baptist Health System, Inc. caused to be recorded on 8/26/2022 as instrument number 20220826000335220 in the probate office of Shelby County Probate Office, in Alabama.

Prepared by:
Courtney B. Smith, Esq.
514 East Waldron Street
Corinth, MS 38824

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 Wednesday, March 15, 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