

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



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Shelby Cnty Judge of Probate, AL  
04/06/2023 09:36:41 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 Franchesca Johnson, which Baptist Health System, Inc. caused to be recorded on 10/18/2022 as instrument number 20221018000393190 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. (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