TO: Shelby County Probate Office P.O. Box 825 Columbiana, AL 35051 20240212000034340 1/1 \$.00 Shelby Cnty Judge of Probate, AL 02/12/2024 10:44:26 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 Yury Argueta, which Baptist Health System, Inc. caused to be recorded on 8/26/2022 as instrument number 20220826000335430 in the probate office of Shelby County Probate Office, in Alabama.

repared by: fourtney B. Smith. Esq. 14 East Waldron Street forinth, 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 acknow Smith, Esq., the duly authorized ager	ledged and verif	ied before me this Sunday, December 31, 2023, by Courtney B. amed health care provider for and on behalf of said hospital.
My commission expires:		NOTARY PUBLIC