TO:

20240212000034360 1/1 \$.00 Shelby Cnty Judge of Probate, AL 02/12/2024 10:44:28 AM FILED/CERT

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

## <u>AUTHORITY TO RELEASE AND DISCHARGE HOSPITAL LIEN</u>

You are hereby authorized and requested to release and discharge that certain Notice of Hospital Lien against claims of Larry Sanchez, which Baptist Health System, Inc. caused to be recorded on 8/22/2019 as instrument number 20190822000309290 in the probate office of Shelby County Probate Office, in Alabama.

epared by: ourtney B. Smith, Esq. 4 East Waldron Street orinth, MS 38834	By:	Country B. Paik
Allitur, Mic Goodia		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 ack Smith, Esq., the duly authorized	mowledged and verification agent of the above name	ed before me this Thursday, January 11, 2024, by Courtney B. med health care provider for and on behalf of said hospital.
My commission expires:		NOTARY PUBLIC