

20240409000101260 1/1 \$.00 Shelby Cnty Judge of Probate, AL 04/09/2024 10:04:00 AM FILED/CERT

TO:

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 Melisha Tarver, which Baptist Health System, Inc. caused to be recorded on 4/7/2022 as instrument number 20220407000144610 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:

STEPHANIE WIGGINS

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 Friday, March 22, 2024, 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