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Shelby Cnty Judge of Probate, AL
10/04/2024 10:09:15 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 Julia Valles, which BBH SBMC caused to be recorded on 10/18/2022 as instrument number 20221018000393200 in the probate office of Shelby County Probate Office, in Alabama.

Courtney B. Smith

By: _____

Prepared By: 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 Tuesday, September 17, 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: _____



Stephanie Wiggins
NOTARY PUBLIC