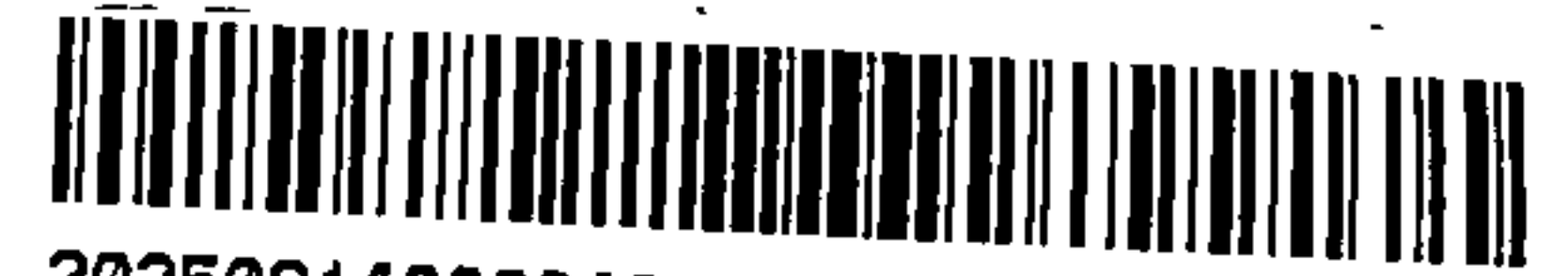


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Shelby Cnty Judge of Probate, AL  
08/14/2025 10:52:15 AM FILED/CERT

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 Majdi Walweel, which BBH SBMC caused to be recorded on 5/5/2025 as instrument number 20250505000133770 in the probate office of Shelby County Probate Office, in Alabama.

Prepared by: Courtney B. Smith  
514 E. Waldron Street  
Corinth, MS 38834

By:

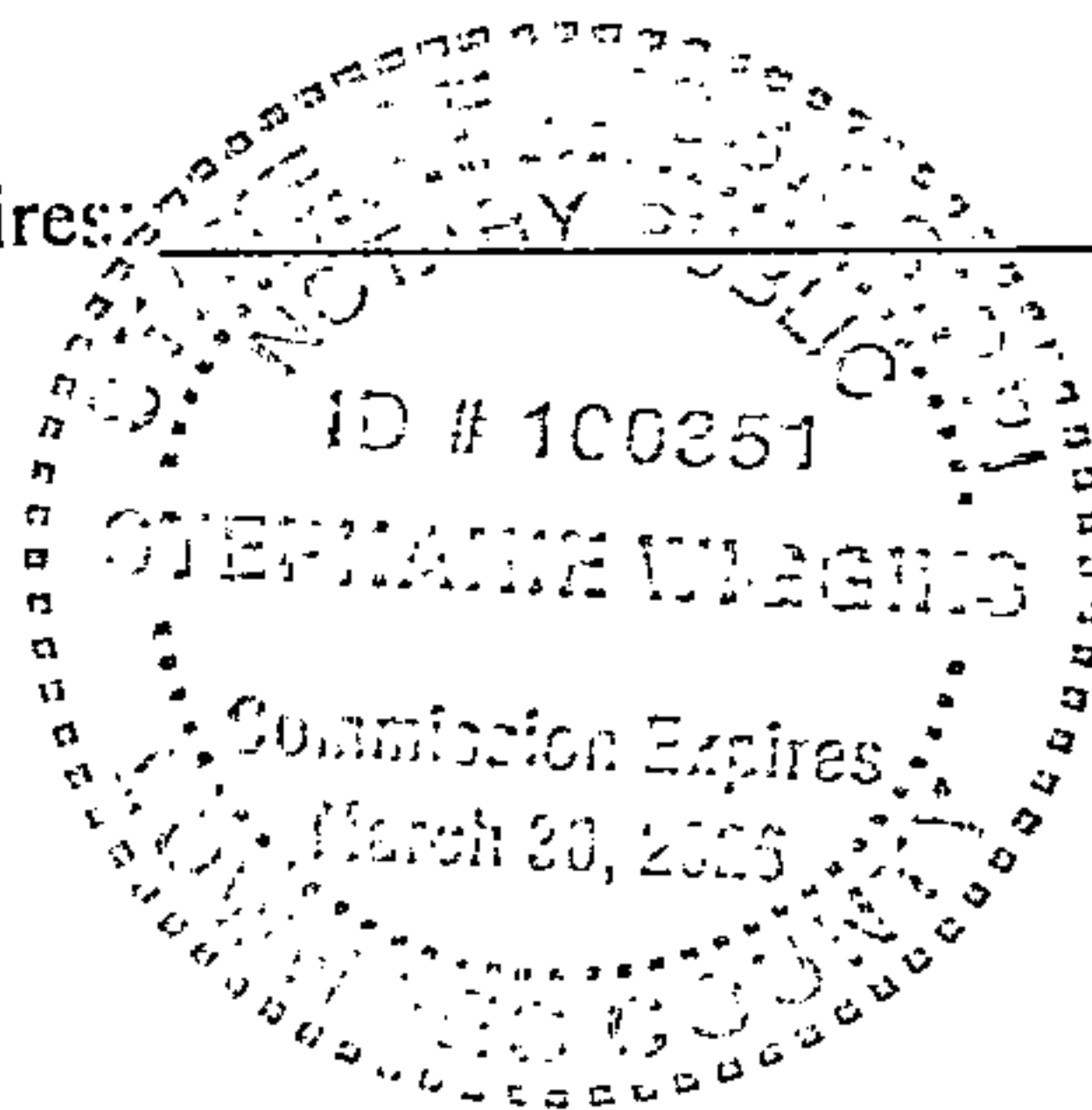
Courtney B. Smith, Esq. (987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
FOR INQUIRIES CALL (833) 760-0817

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, July 24, 2025, 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