

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


20250814000249010 1/1 \$.00
Shelby Cnty Judge of Probate, AL
08/14/2025 10:52:17 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 Hani Walweel, which BBH SBMC caused to be recorded on 5/5/2025 as instrument number 20250505000133810 in the probate office of Shelby County Probate Office, in Alabama.

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

By:

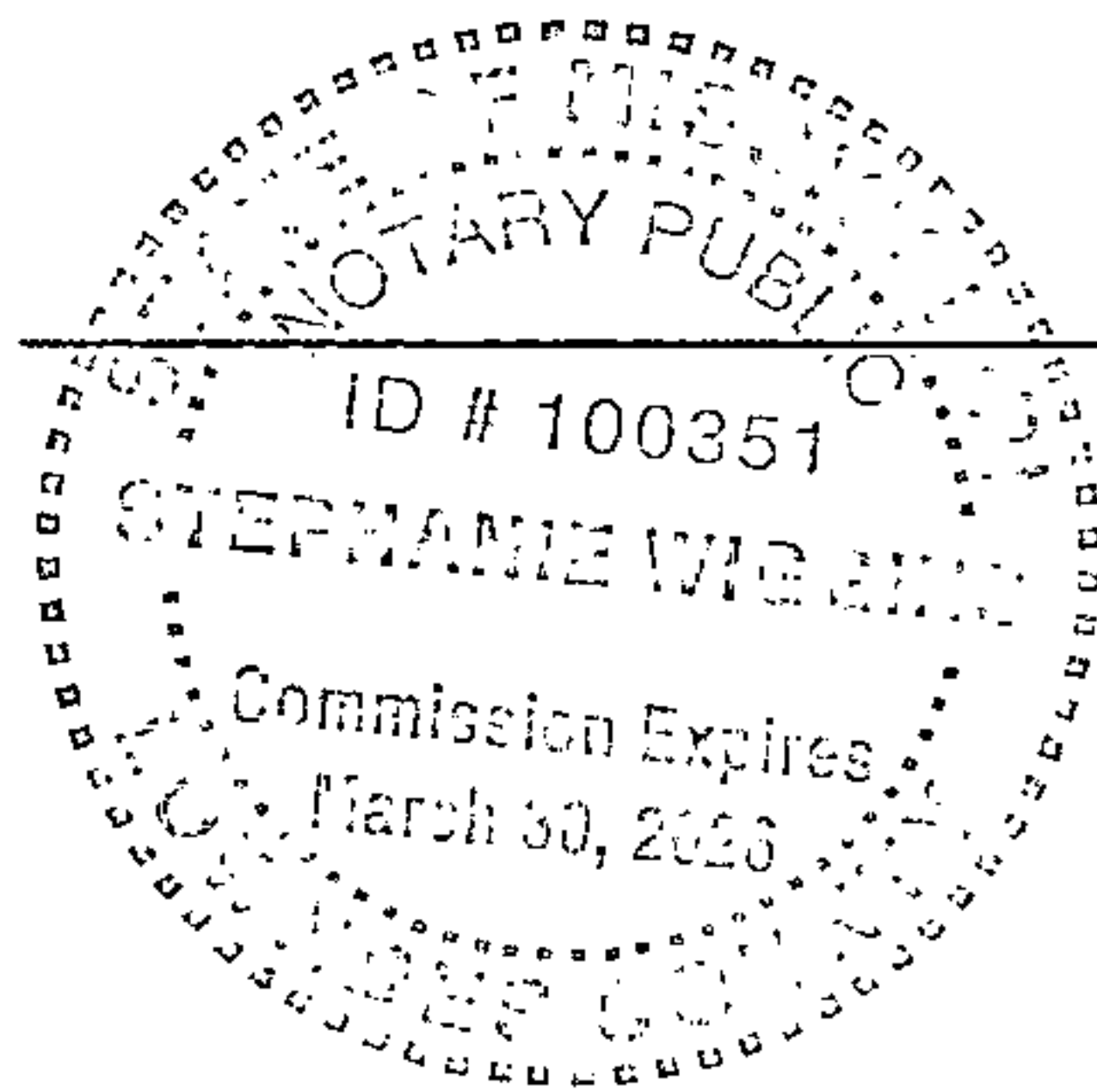


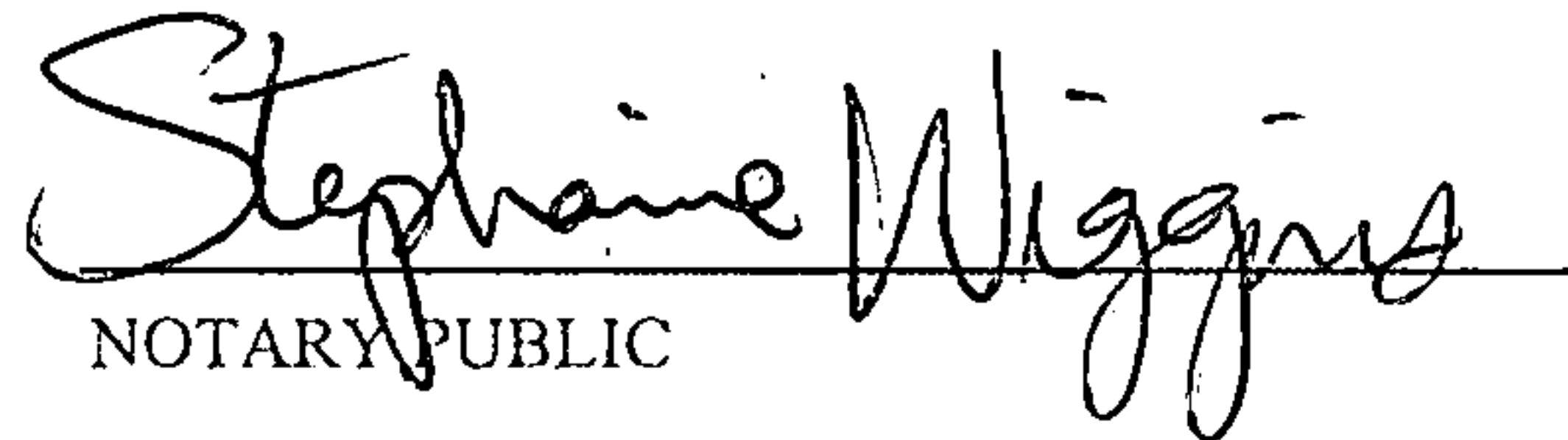
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (833) 760-0817

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this 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