

20250814000249020 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/14/2025 10:52:18 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 Patric Blach, which BBH SBMC caused to be recorded on 3/7/2025 as instrument number 20250307000068470 in the probate office of She!by County Probate Office, in Alabama.

By:

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

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 17, 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

J