

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



20250925000294290 1/1 \$.00
Shelby Cnty Judge of Probate, AL
09/25/2025 10:55:03 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 Andrew Guthrie, which BBH SBMC caused to be recorded on 1/17/2023 as instrument number 20230117000013600 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:

Courtney B. Smith

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

State of Mississippi

County of ~~Lowndes~~ **ALCORN**

The foregoing statement was acknowledged and verified before me this Thursday, September 18, 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:

6-22-2028

Penny R. Stevens
NOTARY PUBLIC

