20251031000334870 1/1 \$.00 Shelby Cnty Judge of Probate, AL 10/31/2025 01:38:43 PM 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 Deidra Evans, which BBH SBMC caused to be recorded on 9/21/2022 as instrument number 20220921000364790 in the probate office of Shelby County Probate Office, in Alabama.

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- AICORN

The foregoing statement was acknowledged and verified before me this Thursday, October 23, 2025, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

NOTARY

PUBLIC

My commission expires: ___

le-22-2028

NOTARY PUBLIC

Prepared by: Courtriey B. Smith, Esq. 514 East Waldron Street Corinth, MS 38834