



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 Latrisha Taylor, which BBH SBMC caused to be recorded on 9/25/2025 as instrument number 20250925000294280 in the probate office of Shelby County Probate Office, in Alabama.

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 Wednesday, November 5, 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: 06-22-2028

Penny R. Stevens

NOTARY PUBLIC

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

