20251205000372390 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/05/2025 09:54:43 AM 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 Andre Davis, which BBH SBMC caused to be recorded on 7/10/2025 as instrument number 202507100002082330 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 AICORN

The foregoing statement was acknowledged and verified before me this Wednesday, November 26, 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: <u>Le-22-2028</u>

NOTARY

PUBLIC

NOTARY PUBLIC

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