



20251205000372400 1/1 \$.00
 Shelby Cnty Judge of Probate, AL
 12/05/2025 09:54:44 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 Kristy Jennings, which BBH SBMC caused to be recorded on 11/20/2025 as instrument number 20251120000356450 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 ~~Lewndes~~ *ALCORN*

The foregoing statement was acknowledged and verified before me this Tuesday, November 25, 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

