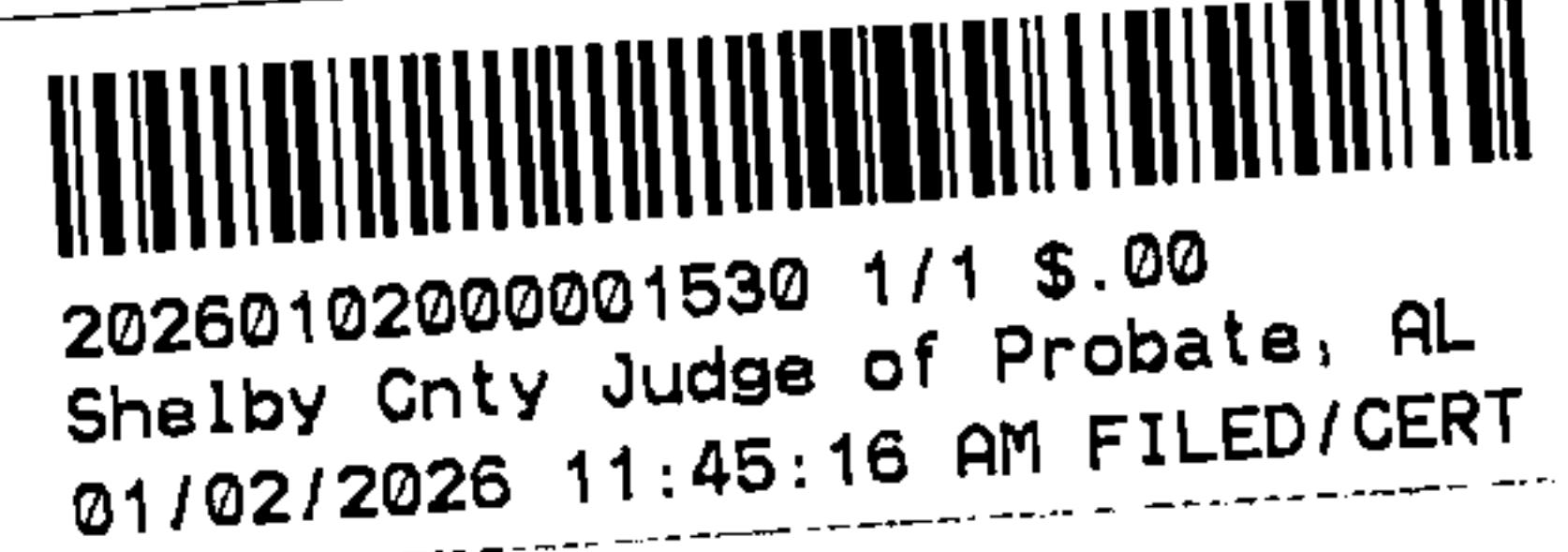


413258300

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 Jaylynn Goodin, which Shelby Baptist Medical Center caused to be recorded on 12/1/2025 as Instrument# 20251201000365670 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 Alcorn

The foregoing statement was acknowledged and verified before me this Wednesday, December 17, 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: 6-22-28

Penny R. Stevens
NOTARY PUBLIC

