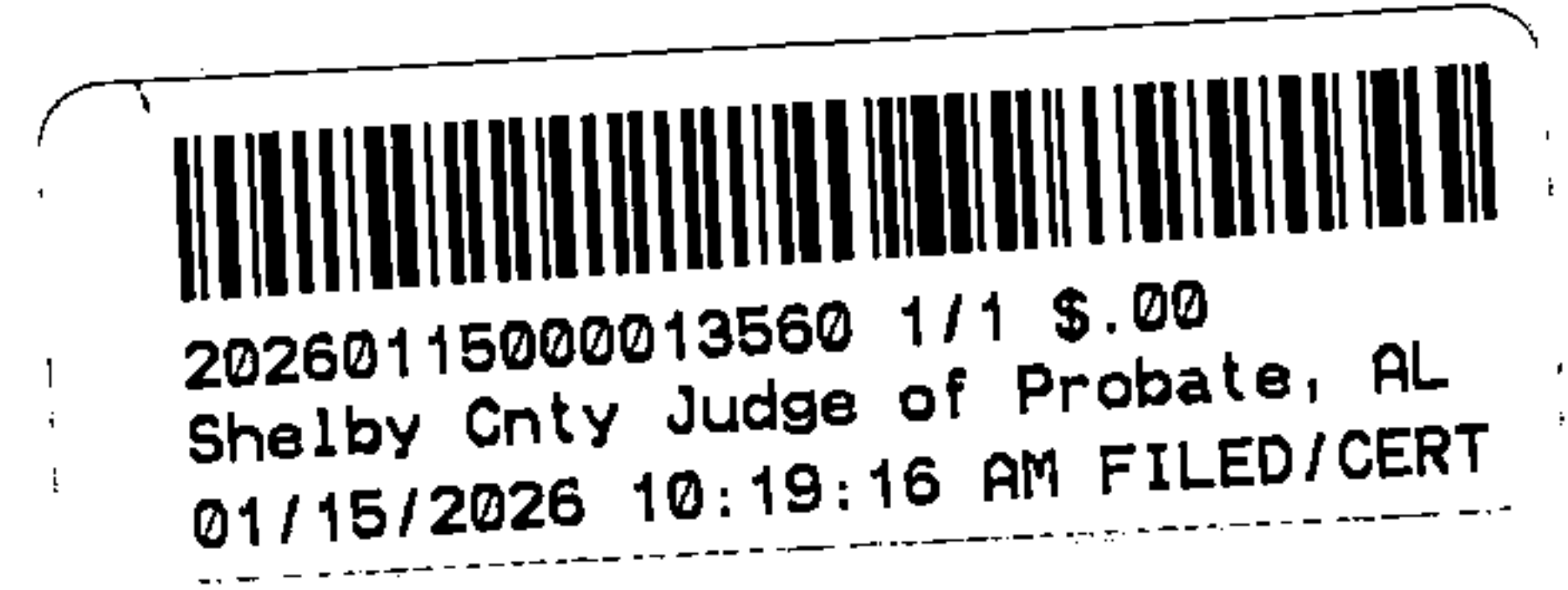


412971800

TO: Shelby Co 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 Nikeshia Williams, which Shelby Baptist Medical Center caused to be recorded on 7/10/2025 as Doc# 20250710000208210 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 Tuesday, January 6, 2026, 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

