

412458199

20260327000087920 1/1 \$.00
Shelby Cnty Judge of Probate, AL
03/27/2026 10:40:31 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 Simone Patterson, which Shelby Baptist Medical Center caused to be recorded on 9/21/2022 as Instr# 20220921000364680 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 Friday, March 20 , 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

