



20080407000138370 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
04/07/2008 08:11:35AM FILED/CERT

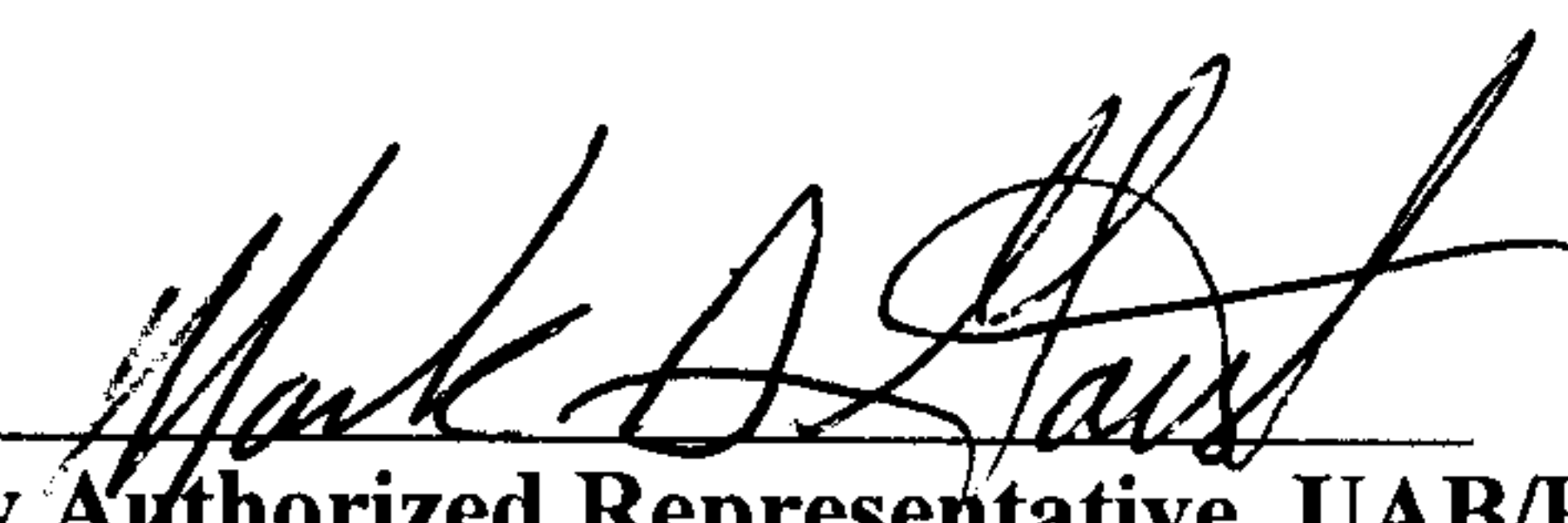
RELEASE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPITAL
LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510
1-888-309-8435 or 934-6405

In consideration of the payment of the debt therein named, I do hereby release hospital
lien against Andrea Goodwin patient, et al., to University of Alabama Hospital, dated
February 20, 2008 and which is recorded in Doc# 20080220000068960 of the records of
Probate Judge, Shelby County, State of Alabama.

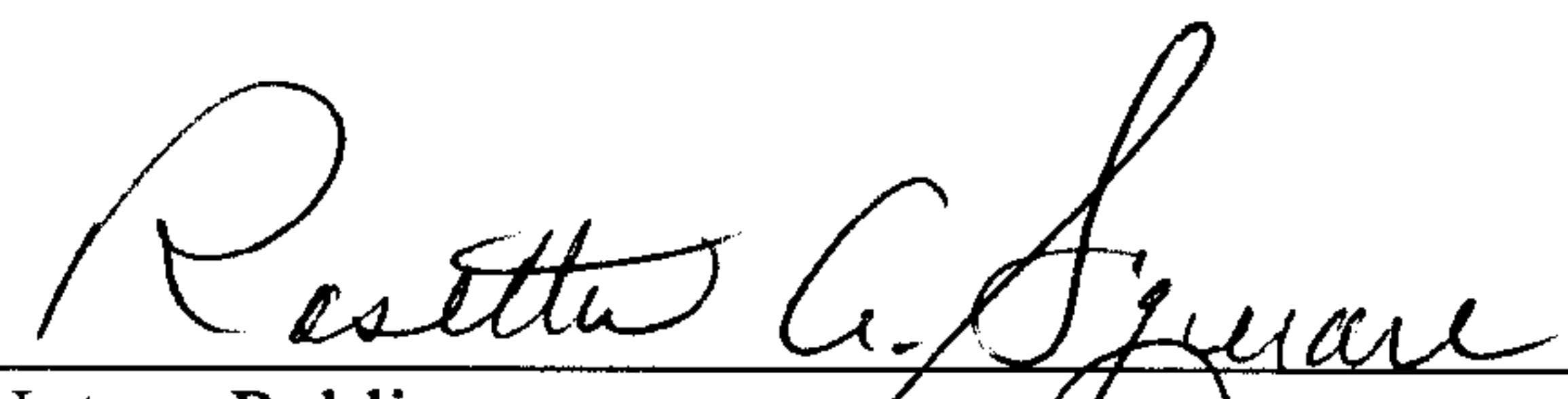
Account No.: 064422936 8044
Amount Releasing: \$17,981.28

Witness my hand this 2nd day of April 2008.

University of Alabama Hospital

By: 
Duly Authorized Representative, UAB/PFS

My Commission Expires 01-22-2012


Notary Public
NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Jan 22, 2012
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Lien Release Prepared by: Nikisha Loftin
LNB 450, 619 19th Street South
Birmingham, AL 35249-6510

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