



20080613000242150 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
06/13/2008 12:58:11PM 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 Ryan McKinney patient, et al., to University of Alabama Hospital, dated
09/06/2008 and which is recorded in Instrument Number 20060906000438990 of the
records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064279242-6701
Amount Releasing: \$51,328.26

Witness my hand this 11th day of June 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: Donna Israel
LNB 450, 619 19th Street South
Birmingham, Alabama 35249-6510

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