

**RELEASE OF HOSPITAL LIEN**  
**UNIVERSITY OF ALABAMA HOSPITAL**  
LNB Ste 450, 619 19<sup>th</sup> 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 Sibano Mondrago Padilla patient, et al., to University of Alabama Hospital,  
dated April 13, 2007 and which is recorded in Doc 20070419000182910 Lien, of the  
records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064346664-7102

Amount Releasing: \$21,517.04

Witness my hand this 2nd day of November 2007.

University of Alabama Hospital

By: [Signature]  
Duly/Authorized Representative, UAB/PFS

My Commission Expires 01-22-2008

[Signature]  
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Jan 22, 2008  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Lien Release Prepared by: Rosetta A. Square  
LNB 450, 619 19th Street South  
Birmingham, Alabama 35249-6510

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