20080603000225030 1/1 $11.00
Shelby Cnty Judge of Probate, AL
06/03/2008 02:43:59PM 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 Sara Carroll patient, et al., to University of Alabama Hospital, dated 09/18/2007 and which is recorded in Book 20070918000436540 Lien, page of the records of Probate Judge, Shelby County, State of Alabama.

Account No.: 000068512.7754
Amount Releasing: 13,504.79

Witness my hand this 30th day of May 2008.

University of Alabama Hospital

By: _____
Duly Authorized Representative, UAB/PFS

My Commission Expires NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Sept 12, 2011
BONDED THRU NOTARY PUBLIC UNDERWRITERS

_____
Notary Public

Lien Release Prepared by: Kelli Hill
LNB 450, 619 19th Street South
Birmingham, Alabama 35249-6510

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