

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 J. Sullivan patient, et al., to University of Alabama Hospital, dated
September 18, 2007 and which is recorded in Lien Doc#: 20070918000436530 of the
records of probate Judge, Shelby County, State of Alabama.

Account No.: 000006476-7754
Amount Releasing: \$12,665.02

Witness my hand this 11th day of June 2008.

University of Alabama Hospital

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

My Commission Expires 01-27-2012

[Signature]
Notary Public

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

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