

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 John W. Anderson patient, et al., to University of Alabama Hospital, dated
08/12/2008 and which is recorded in Book 20080812000324330 1/1 of the records of
Probate Judge, Shelby County, State of Alabama.

Account No.: 064464008.8210
Amount Releasing: \$144,109.94

Witness my hand this 16th day of SEPTEMBER 2008.

University of Alabama Hospital

By: [Signature]

Duly Authorized Representative, UAB/PFS

My Commission Expires 01-22-2012

[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: Kelli Hill
LNB 450, 619 19th Street South
Birmingham, Alabama 35249-6510

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