

**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 Sybil Katrina Atkinson patient, et al., to University of Alabama Hospital,  
dated April 16, 2008 and which is recorded in Document # 20080416000155120 the  
records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064436273 8097

Amount Releasing: \$26,228.89

Witness my hand this 19<sup>th</sup> day of SEPTEMBER 2008.

University of Alabama Hospital

By: [Signature]  
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

[Signature]  
Notary Public

Lien Release Prepared by: Nikisha Loftin  
LNB 450, 619 19<sup>th</sup> Street South  
Birmingham, AL 35249-6510

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