

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 Michael Howe patient, et al., to University of Alabama Hospital, dated
05/05/2008 and which is recorded in Instrument 20080505000182490 of the records of
Probate Judge, Shelby County, State of Alabama.

Account No.: 064427820-8065, 8579
Amount Releasing: \$139,236.77

Witness my hand this 5th day of December 2008.

University of Alabama Hospital

By: 

Duly Authorized Representative, UAB/PFS

My Commission Expires 01-22-2012


Notary Public

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

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

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