

20090108000006590 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
01/08/2009 12:06:07PM FILED/CERT

**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 Shannon Williams patient, et al., to University of Alabama Hospital, dated  
10/20/2008 and which is recorded in Instrument number 20081020000411450 of the  
records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064480434-8275  
Amount Releasing: \$28,761.05

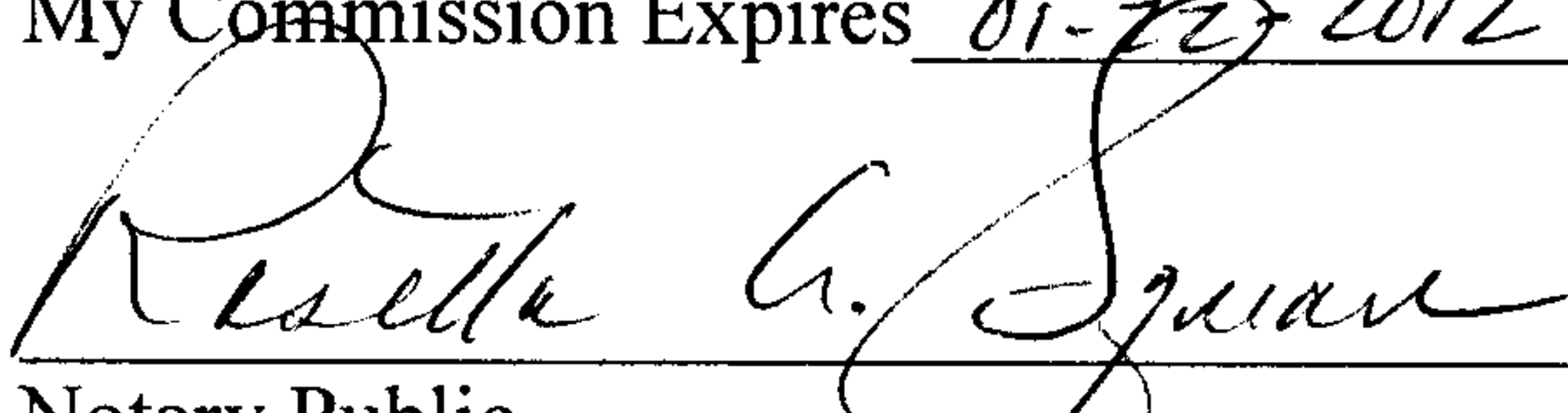
Witness my hand this 5<sup>th</sup> day of JANUARY 2009.

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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