

## 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 <u>Heather Campbell</u> patient, et al., to University of Alabama Hospital, dated <u>04/22/2008</u> and which is recorded in Document# <u>20080422000163070 1/1</u> of Probate Judge, Shelby County, State of Alabama.

Account No.: 064438062.8105 Amount Releasing: \$22,622.72

Witness my hand this 8 day of January 2008.

University of Alabama Hospital

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