20090113000010980 1/1 $11.00
Shelby Cnty Judge of Probate,AL
01/13/2009 10:55:36AM FILED/CERT

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

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

Witness my hand this 8th day of January 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: Kelli Hill
LNB 450, 619 19th Street South
Birmingham, Alabama 35249-6510

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