

20090127000025310 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
01/27/2009 10:12:24AM 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 Shirley F Collier patient, et al., to University of Alabama Hospital, dated
10/24/2008 and which is recorded in Instrument number 20081024000416170 of the
records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064484344-8290
Amount Releasing: \$31,412.18

Witness my hand this 22nd day of JANUARY 2009.

University of Alabama Hospital

By: [Signature]

Duly Authorized Representative, UAB/PFS

My Commission Expires 01-22-2012

Rosetta A. Square
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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