

**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 Michael Wade Smith patient, et al., to University of Alabama Hospital,  
dated 09/03/2008 and which is recorded in Instrument number 20080903000351390 of  
the records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064470991-8237  
Amount Releasing: \$23,727.37

Witness my hand this 30<sup>th</sup> day of JANUARY 2009.

University of Alabama Hospital

By: [Signature]  
Duly Authorized Representative, UAB/PFS

My Commission Expires 01-31-2012

[Signature]  
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

4249