



20090212000049720 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
02/12/2009 03:36:32PM FILED/CERT


NOTICE 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 Miguel Escalante patient, et al., to University of Alabama Hospital, dated
September 16, 2008 and which is recorded in Document#: 20080916000367020, of the
records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064474270 8750
Amount Releasing: \$31,292.28

Witness my hand this 10th day of February 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: Nikisha Loftin
LNB 450, 619 19th Street South
Birmingham, AL 35249-6510

4243