

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 <u>Todd Brogden</u> patient, et al., to University of Alabama Hospital, dated <u>April 27, 2007</u> and which is recorded in Document# <u>20070427000195790</u> of the records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064349331.7112 Amount Releasing: \$19,809.47

Witness my hand this 12^{12} day of 309.

University of Alabama Hospital

Duly Authorized Representative, UAB/PFS

Lien release completed by: Barbara Donahoo 619 19th Street South, LNB 450
Birmingham, AL 35249

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Sept 12, 2011 BONDED THRU NOTARY PUBLIC UNDERWRITEIN

My Commission Expires_____

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