

**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 Carla Smith patient, et al., to University of Alabama Hospital, dated June  
04, 2009 and which is recorded in Document# 20090604000213870 of the records of  
Probate Judge, Shelby County, State of Alabama.

Account No.: 064541034-9145  
Amount Releasing: \$ 29,493.99

Witness my hand this 23<sup>rd</sup> day of October 2009.

University of Alabama Hospital

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

Lien release completed by: Faye Byrd  
619 19<sup>th</sup> Street South, LNB 450  
Birmingham, AL 35249

[Signature]  
Notary Public

My Commission Expires \_\_\_\_\_

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