

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

			narges of hospital care, treatment and
maintenance received by	Chamas Lee Littlefield	of	P.O. Box 818, Columbiana, AL 35015
against all causes of action	n, suits, claims, counter c	laims and demands ac	cruing to the said Chamas Lee Littlefield
or his legal representative	, and against all judgmen	ts, settlements and set	tlement agreements entered into by
virtue thereof and on acco	unt of such injuries givir	ng rise to such causes of	of action, suits, claims, counter clain
demands, judgments, settl	ements or settlement agre	eements and which nee	cessitated such hospital care.
064086150-4708			
Amount Claimed:	\$35,650.83	Date of Admission:	07/26/04
Date of Injury:	07/26/04	Date of Discharge:	07/29/04
	son, to be liable for dama	•	y such injured person, or the legal injuries are, to the best of the
representative of such per	son, to be liable for dama follows:	•	
representative of such per claimant's knowledge, as	son, to be liable for dama	iges arising from such	
representative of such per claimant's knowledge, as Name: Address:	son, to be liable for dama follows:	Name:	
representative of such per claimant's knowledge, as Name:	son, to be liable for dama follows:	Name: Address:	
representative of such per claimant's knowledge, as Name: Address: Address:	NIVERSITY OF ALAI	Name: Address: Address: Address: Address: Address: Address: Address:	injuries are, to the best of the
Name: Address: Address:	NIVERSITY OF ALAI	Name: Address: Address: Address: Address: Address: Address: Address:	

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS