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AMENDED HOSPITAL LIEN

WASHOE MEDICAL CENTER
A NON-PROFIT NEVADA CORPORATION
MILL AND KIRMAN
RENO, NEVADA

(N.R.S. 108.590, et. seq.)

NOTICE is hereby given that WASHOE MEDICAL CENTER has rendered services in hospitalization for TONYA E. BERLIN, a person who was injured on the 21st day of February, 1987, in the County of Douglas, State of Nevada, on or about the 21st day of February, 1987; and that WASHOE MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from any other person or persons, corporation or association liable for the injury alleged to have caused the injury, or liable for payment of the expenses herein incurred, said parties being the following:

NATIONWIDE INSURANCE
DOUG RUEDLINGER, INC.
JAN MARTINEZ
DAVID HEATH
DEBRA HEATH

The hospitalization was rendered to the injured party between February 21, 1987 and February 27, 1987.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient TONYA E. BERLIN, in accordance with the itemized statement attached hereto as Exhibit "A" and by this reference made a part hereof.

That ninety (90) days have not elapsed since the termination of hospitalization; and that the claimant's demands for such care or services is in the sum of Nine Thousand One Hundred Eighty Four Dollars and Eighteen Cents (\$9,184.18), and no part thereof has been paid; and that there is now due and owing and remaining of such sum, after deducting all credits and offsets, the sum of Nine Thousand One Hundred Eighty Four Dollars and Eighteen Cents (\$9,184.18), with interest at the rate of Twelve Percent (12%) per annum from February 27, 1987, in which amount lien is hereby claimed.

WASHOE MEDICAL CENTER
A Non-profit Nevada Corporation

By Janet L. Garcia
JANET L. GARCIA, Legal Department

/////

Keith S.K. Ching
Attorney at Law
One East Liberty Street, Suite 510
Reno, Nevada 89501
(702) 786-1161

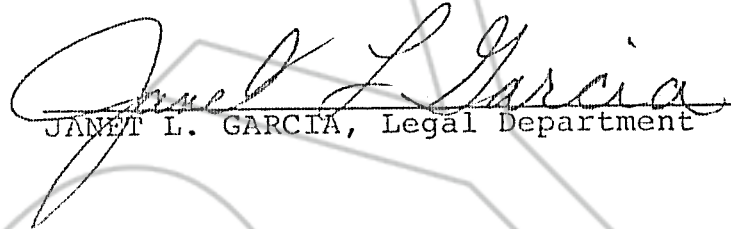
Keith S.K. Ching
Attorney at Law
One East Liberty Street, Suite 510
Reno, Nevada 89501
(702) 786-1161

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STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

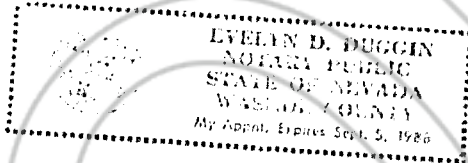
I, JANET L. GARCIA, being first duly sworn deposes and says:

That she is the claimant herein named in the foregoing claim of lien; that she has read the same and know the contents thereof; that the same is true to the best of her knowledge, except as to those matters therein contained on information and belief, and as to those matters she believes them to be true.


JANET L. GARCIA, Legal Department

SUBSCRIBED and SWORN to before me
this 9th day of April, 1987.


NOTARY PUBLIC



ASHOE MEDICAL CENTER
 7 PRINGLE WAY
 RENO, NEVADA 89520
 702 785-5130

PATIENT CONTROL NUMBER: 002-237687

031 88-0213756 29-0001 11-16805 NV001992

PATIENT'S ADDRESS: 1419 JOHNS PEAK DR. GARDNERVILLE NV 89410

ADMISSION DATE: 2-21-87

STATEMENT COVERED PERIOD: 2-21-87 THROUGH 2-27-87

DEATH, DEBRA A.
 419 JOHNS PEAK DR.
 GARDNERVILLE NV 89410

DESCRIPTION	DR CODE	EST UNITS	TOTAL CHARGE	EST AMOUNT
OTHER SEMI-PRIVATE	343.00	129	6	2058.00
PHARMACY		250	69	722.95
ED/SURG SUPPLIES		270	25	182.17
LABORATORY		300	31	1539.50
ADROLOGY		320	9	647.00
X-RAY SCAN		350	1	311.00
OPERATING ROOM		360	1	1501.00
ANESTHESIA		370	1	177.50
RESPIRATORY		410	12	845.00
EMERGENCY ROOM		450	1	283.50
IN AMBULANCE		545	35	576.56
RECOVERY ROOM		710	5	268.00
KG		730	2	72.00
TOTALS	001			9184.18

WATER	Y	Y					
NATIONWIDE LIFE INS	Y	Y					
MISCELLANEOUS INSURANCE	Y	Y					
DUE FROM PATIENT							9184.18

PATIENT NAME: Jan Martinez
 Patient ID: 01
 CERTIFICATION NO: 5314
 GROUP NAME: Auto Inn
 INSURANCE GROUP NO: 728436578
 School Inn (Douglas High School) 5530

EMPLOYER NAME: Student
 EMPLOYER ID: 9699

ICD-9-CM: 85010
 ICD-9-CM: 51800
 ICD-9-CM: 86401
 ICD-9-CM: 87352

CONCUSSION W/ BRIEF LOSS/CONSCIOUSNESS

TREATMENT AUTH: FSC 02
 ATTENDING PHYSICIAN ID: NV091900
 OTHER PHYSICIAN ID: ROSENAUER, ADOLF

VERIFICATION OF STAY DATES: FROM [] THROUGH []

PAYER COPY

EXHIBIT "A"

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153021

DATE 3/6/87



77 PRINGLE WAY
RENO, NEVADA 89520

77 PRINGLE WAY
RENO, NEVADA 89520

TELEPHONS:
(702) 785-4130

TELEX NUMBER:
354454 WASHMEDC1 (NO)

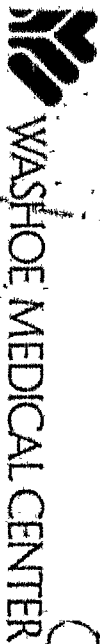
THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 02 0034237687
PATIENT NAME: BERLIN, TONYA E.
STATEMENT DATE: 3/03/87
PAGE NO: 1
PHYSICIAN: ROSENAUER, ADOLF
GUARANTOR: HEATH, DEBRA A. DR. NV 89410-0000
DATE: 2/21/87 ADMITT 09:10
GARDNERVILLE PREVIOUSLY BILLED TOTALS FORWARD 0.00

SERVICE DATE	REV CODE	CR VS	ROOM DR CHARGE	ITEM	DESCRIPTION	QTY	PAYMENTS	CHARGES
2/21/87	129		132-329	11	NEURD S/PPRI	1		343.00
2/23/87	129		132-329	11	NEURD S/PPRI	1		343.00
2/25/87	112		132-329	11	NEURD S/PPRI	1		343.00
2/26/87	112		132-329	11	NEURD S/PPRI	1		343.00
2/21/87	50		0070	13	KEF	1		1.10
2/21/87	50		0071	13	TYRAC	1		1.10
2/21/87	50		0072	13	TYRAC	1		1.10
2/21/87	50		0073	13	TYRAC	1		1.10
2/21/87	50		0074	13	TYRAC	1		1.10
2/21/87	50		0075	13	TYRAC	1		1.10
2/21/87	50		0076	13	TYRAC	1		1.10
2/21/87	50		0077	13	TYRAC	1		1.10
2/21/87	50		0078	13	TYRAC	1		1.10
2/21/87	50		0079	13	TYRAC	1		1.10
2/21/87	50		0080	13	TYRAC	1		1.10
2/21/87	50		0081	13	TYRAC	1		1.10
2/21/87	50		0082	13	TYRAC	1		1.10
2/21/87	50		0083	13	TYRAC	1		1.10
2/21/87	50		0084	13	TYRAC	1		1.10
2/21/87	50		0085	13	TYRAC	1		1.10
2/21/87	50		0086	13	TYRAC	1		1.10
2/21/87	50		0087	13	TYRAC	1		1.10
2/21/87	50		0088	13	TYRAC	1		1.10
2/21/87	50		0089	13	TYRAC	1		1.10
2/21/87	50		0090	13	TYRAC	1		1.10
2/21/87	50		0091	13	TYRAC	1		1.10
2/21/87	50		0092	13	TYRAC	1		1.10
2/21/87	50		0093	13	TYRAC	1		1.10
2/21/87	50		0094	13	TYRAC	1		1.10
2/21/87	50		0095	13	TYRAC	1		1.10
2/21/87	50		0096	13	TYRAC	1		1.10
2/21/87	50		0097	13	TYRAC	1		1.10
2/21/87	50		0098	13	TYRAC	1		1.10
2/21/87	50		0099	13	TYRAC	1		1.10
2/21/87	50		0100	13	TYRAC	1		1.10
2/21/87	50		0101	13	TYRAC	1		1.10
2/21/87	50		0102	13	TYRAC	1		1.10
2/21/87	50		0103	13	TYRAC	1		1.10
2/21/87	50		0104	13	TYRAC	1		1.10
2/21/87	50		0105	13	TYRAC	1		1.10
2/21/87	50		0106	13	TYRAC	1		1.10
2/21/87	50		0107	13	TYRAC	1		1.10
2/21/87	50		0108	13	TYRAC	1		1.10
2/21/87	50		0109	13	TYRAC	1		1.10
2/21/87	50		0110	13	TYRAC	1		1.10
2/21/87	50		0111	13	TYRAC	1		1.10
2/21/87	50		0112	13	TYRAC	1		1.10
2/21/87	50		0113	13	TYRAC	1		1.10
2/21/87	50		0114	13	TYRAC	1		1.10
2/21/87	50		0115	13	TYRAC	1		1.10
2/21/87	50		0116	13	TYRAC	1		1.10
2/21/87	50		0117	13	TYRAC	1		1.10
2/21/87	50		0118	13	TYRAC	1		1.10
2/21/87	50		0119	13	TYRAC	1		1.10
2/21/87	50		0120	13	TYRAC	1		1.10
2/21/87	50		0121	13	TYRAC	1		1.10
2/21/87	50		0122	13	TYRAC	1		1.10
2/21/87	50		0123	13	TYRAC	1		1.10
2/21/87	50		0124	13	TYRAC	1		1.10
2/21/87	50		0125	13	TYRAC	1		1.10
2/21/87	50		0126	13	TYRAC	1		1.10
2/21/87	50		0127	13	TYRAC	1		1.10
2/21/87	50		0128	13	TYRAC	1		1.10
2/21/87	50		0129	13	TYRAC	1		1.10
2/21/87	50		0130	13	TYRAC	1		1.10

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN
DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE. CHARGES RECORDED AFTER THIS
*TIMES ARE RECORDED IN HUNDRETHS OF HOURS NOT MINUTES

153021
600K 487 PAGE 1371



WASHOE MEDICAL CENTER

77 PRINGLE WAY
RENO, NEVADA, 89520

TELEX NUMBER: 354454 (WSHOMEDC)

TELEPHONE: (702) 785-4130

THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 02 0034237687

PATIENT NAME: BERLIN, TONYA E.

PHYSICIAN: ROSENAUER, ADOLF

QUANTIFIER: HEATH, DEBRA A. DR. NV 89410-0000
1419 JOBS PEAK
GARDNERVILLE

STATEMENT DATE: 3/03/87

DATE: 2/21/87 ADM IT 09:10
2/27/87 DTSC H 11:30

PREVIOUSLY BILLED TOTALS FORWARD .00
CHARGES 2,784.05

SERVICE/ST DATE	REV CODE	CRVS	ROOM CHARGE	DR ITEM	DESCRIPTION	PAYMENTS	CHARGES
2/21/87	270	0880	248	00083300	UNDERPADS LINEN		3.69
2/22/87	270	0880	248	00021225	ODZ (1/2)		5.64
2/22/87	270	0880	248	00033003	PRIMARY NON VENT		6.58
2/22/87	270	0880	248	00033010	SECONDARY VENT		6.60
2/22/87	270	0880	248	00112915	TEXTILE SET		4.60
2/22/87	270	0880	248	00152665	THREEDNE BRUSH ADULT		1.50
2/22/87	270	0880	248	00199033	TOOTH PASTE		1.25
2/22/87	270	0880	248	00199056	MOUTHWASH		2.52
2/22/87	270	0880	248	00312125	PADDC		1.03
2/22/87	270	0880	248	00199030	EQUIPMENT (1/2)		3.28
2/22/87	270	0880	248	00199056	RESTRAINTS - WRIST		3.97
2/22/87	270	0880	248	00199030	HAND LIDS		2.99
2/22/87	270	0880	248	00199056	SHAMP		2.99
2/22/87	270	0880	248	00154557	STORAGE REMOVAL SET		2.34
2/21/87	300	0880	265	0008127	ELECT (NA K. CL C02)		7.50
2/21/87	300	0880	265	00088644	CREAM		3.00
2/21/87	300	0880	265	00087445	UREASE		3.00
2/21/87	300	0880	265	00089430	GLUCOSE		2.24
2/21/87	300	0880	265	00089650	ALCOHOL		2.50
2/21/87	300	0880	265	00091899	ANTISEPTIC		2.57
2/21/87	300	0880	267	00060440	ANTISEPTIC		2.50
2/21/87	300	0880	267	00060440	ANTISEPTIC		2.50
2/21/87	300	0880	267	00060440	ANTISEPTIC		2.50

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN- DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE. CHARGES RECORDED AFTER THIS *TIMES ARE RECORDED IN HUNDRETHS OF HOURS

153021 300K 487 PAGE 1372



WASHOE MEDICAL CENTER

77 PRINGLE WAY
RENO, NEVADA, 89520

TELEX NUMBER: 354454 (WSHOMEDC) (N)

TELEPHONE: (702) 785-4130

THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 0034237687 PATIENT NAME: BERLIN, TONYA E. STATEMENT DATE: 3/03/87 PAGE NO: 4

PHYSICIAN: ROSENBAUER, ADOLF QUARANTON: HEATH, DEBRA A. DR. DATE: 2/27/87 TIME: 09:10
GARDNERVILLE NV 89410-0000 DISCH 11:30

PREVIOUSLY BILLED TOTALS FORWARD .00
PREVIOUSLY BILLED TOTALS FORWARD .00 5,077.62

SERVICE/	REV	CRVS	ROOM OR	DESCRIPTION	#	PAYMENTS	CHARGES
DATE	CODE		CHARGE ITEM				
2/23/87	320	071020	255-0007101	CHEST 2 VIEW	1		72.00
2/21/87	350	070450	258-0007801	CT HEAD	1		311.00
2/21/87	360		230-0061040	SURGERY TIME QTR HR	1		950.00
2/22/87	360		233-0092494	PULSE OXYMETER SURG	1		46.00
2/22/87	360		230-0001001	SET-UP MINDR	1		441.50
2/22/87	360		230-0002484	DINAHAR SUCTION, FLOOR	1		112.50
2/22/87	360		230-0002529	BEAT REST, SHEA RONI	1		18.50
2/22/87	360		230-0003411	HEAD REST, TEKT RONI	1		29.00
2/22/87	370		230-0001060	ANESTH-TIME-GENERAL	1		179.50
2/21/87	410		251-0000580	OX SETUP / CAN MASK	1		20.00
2/21/87	410		251-0000346	EAR OX READ NON SINGL	1		17.00
2/21/87	410		251-0000570	OXYGEN VITASTRENT	1		201.00
2/22/87	410		251-0000660	THERAPY TREATMENT 3X	1		22.00
2/22/87	410		251-0000210	THERAPY TREATMENT 3X	1		68.00
2/22/87	410		251-0000570	TPRRT SETUP TREATMENT	1		117.00
2/22/87	410		251-0000570	TPRRT SETUP TREATMENT	1		130.00
2/22/87	410		251-0000580	OXYGEN VITASTRENT	1		130.00
2/22/87	410		251-0000580	OXYGEN VITASTRENT	1		130.00
2/22/87	410		251-0000204	OXYGEN VITASTRENT	1		113.00
2/22/87	410		251-0000570	OXYGEN VITASTRENT	1		113.00
2/22/87	410		251-0000202	OXYGEN VITASTRENT	1		68.00
2/21/87	450		288-0000002	REG-ER X00 OBSERVATN	1		34.50
2/21/87	450		288-0000004	LEVEL X15 PROCT 1	1		37.00
2/21/87	450		288-0000005	LEVEL X15 PROCT 1	1		37.00
2/21/87	450		288-0000431	DI 0.5CC TADU 1	1		2.00

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN- DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE CHARGES RECORDED AFTER THIS * TIMES ARE RECORDED IN HUNDRETHS OF HOURS

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WASHOE MEDICAL CENTER

77 PRINGLE WAY
RENO, NEVADA 89520
TELEX NUMBER: 354454 (WSHOMEDC)
PHONE: (702) 785-4130
TELEPHONE:

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER 02 0034237687
PATIENT NAME PERLIN, TONYA E.
STATEMENT DATE 3/03/87
PAGE NO. 5

PHYSICIAN ROSENAUER, ADOLF
GUARANTOR HEATH, DEBRA A. DR.
DATE 2/27/87
TIME 09:10
DISCH 11:30

1419 JORST PEAK DR.
GARDNERVILLE NV 89410-0000

PREVIOUSLY BILLED TOTALS FORWARD .00
PREVIOUSLY BILLED TOTALS FORWARD .00
8,084.62

SERVICE DATE	REV CODE	CRVS	ROOM CHARGE	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
2/21/87	450		289-	0000480	DEMEROL 25MG	1		8.00
2/21/87	450		289-	0001525	MONITOR	1		35.00
2/21/87	450		289-	0002140	OXYGEN	1		11.00
2/21/87	450		289-	0002146	OXYMASK / CANNULA / C. TUB	1		13.00
2/21/87	450	090515	238-	0009008	ACUTE LTD. HON PER HR	1		115.00
2/23/87	545		293-	0000010	HELICOPTER BASE RATE	1		250.00
2/23/87	545		293-	0000015	HELICOPTER FUEL	1		28.00
2/23/87	545		293-	0000020	HELICOPTER MILEAGE	24		280.00
2/23/87	545		293-	0000030	CATHEETER	1		18.00
2/23/87	545		293-	0000030	STUBING, EXTENSION ST	1		15.00
2/23/87	545		293-	0000035	OXYGEN	1		9.50
2/21/87	710		233-	0000001	RECOVERY, ROUTINE	1		120.00
2/21/87	710		233-	0000002	RECOVERY, ADDITIONAL	1		104.50
2/21/87	710		233-	0001150	OXYGEN ONLY	1		7.00
2/21/87	710		233-	0002484	DINAMAP	1		12.50
2/21/87	710		233-	0000224	MONITOR, TEKTRONIX	1		24.00
2/21/87	730	093005	280-	0009101	ELECTROCARDIOGRAM	1		60.00
2/21/87	730	093010	280-	1009102	EKG INTREP PRO FEE	1		12.00

SUBTOTAL 9,184.18
 PREVIOUSLY BILLED .00
 TOTAL BILL AMOUNT 9,184.18

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EXTENSIVE CHARGES RECORDED AFTER THIS DATE OF SERVICE. CHARGES RECORDED AFTER THIS DATE OF SERVICE. CHARGES RECORDED AFTER THIS DATE OF SERVICE. CHARGES RECORDED AFTER THIS DATE OF SERVICE.

153021

COPY

REQUESTED BY
Keith Ching, Inc
IN OFFICIAL RECORDS OF
DOCS. & RECORDS CANADA

'87 APR 13 P12:27

SUZANNE S. LEONARD
RECORDS

\$ 13⁰⁰ PAID BK DEPT. 17

153021

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