

1 **HOSPITAL LIEN**  
2 **ON SETTLEMENT, JUDGMENT, AND COMPROMISE**

3 **WASHOE MEDICAL CENTER**  
4 **A NON-PROFIT NEVADA CORPORATION**  
5 **MILL AND KIRMAN**  
6 **RENO, NEVADA**

7 **(NRS 108.590, through 108.660 et. seq.)**

8 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has  
9 rendered services in hospitalization for **SHAUN DEANE**, a person who  
10 was injured on the 21st day of April, 1996, in the County of  
11 Douglas, State of Nevada, and that WASHOE MEDICAL CENTER hereby  
12 claims a lien upon any money due or owing or any claim for  
13 compensation, damages, contribution, settlement or judgment from  
14 any other person or persons, corporation or association alleged to  
15 have caused the injury, or liable for the injury or payment of the  
16 expenses herein incurred, said parties being the following:

17 **DAIRYLAND INSURANCE**

18 The hospitalization was rendered to the injured party between  
19 April 21, 1996, through April 22, 1996, Account Number 54020870.

20 **ITEMIZED STATEMENT**

21 For hospitalization and related medical services rendered to  
22 the patient **SHAUN DEANE**, in accordance with the itemized statement  
23 attached hereto as Exhibit "A" and by this reference made a part  
24 hereof.

25 That ninety (90) days have not elapsed since the termination  
26 of hospitalization; and that the claimant's demands for such care  
27 or services are in the sum of ONE THOUSAND FOUR HUNDRED TWENTY ONE  
28 and 77/100 (\$1,421.77), after deducting credits and offsets, with  
interest at the rate of Eighteen percent (18%) per annum  
commencing thirty (30) days from the date of discharge, in which  
amount lien is hereby claimed.

29 **DATED** this 16<sup>th</sup> day of May, 1996.

30 **DURNEY, BRENNAN & SHEA**

31 By: Terrance Shea  
32 **TERRANCE SHEA**

33 **388291**

34 **BK0596PG3739**

**DURNEY, BRENNAN & SHEA**

ATTORNEYS AT LAW

3500 LAKESIDE COURT, SUITE 145

RENO, NEVADA 89509

TELEPHONE (702) 829-9466 • TELECOPIER (702) 829-9498

PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

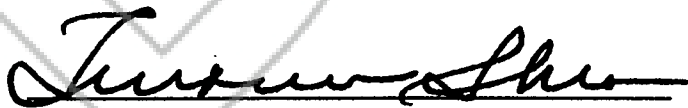
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**VERIFICATION**

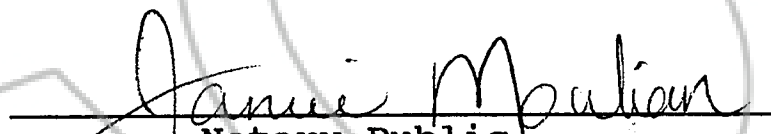
STATE OF NEVADA            )  
  : ss.  
COUNTY OF WASHOE        )

I, TERRANCE SHEA, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

That WASHOE MEDICAL CENTER is the claimant herein named in the foregoing claim of lien; that I have read the same and know the contents thereof; that the same is true to the best of my knowledge, except as to those matters therein contained on information and belief, and as to those matters, I believe them to be true.

  
TERRANCE SHEA

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 16<sup>th</sup> DAY OF MAY, 1996.

  
Notary Public



jm\lien

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PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

388291

BK 0596 PG 3740

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130		2		3 PATIENT CONTROL NO. 54020870		4 TYPE OF BILL 111	
5 FED. TAX NO. 88-0213754		6 STATEMENT COVERS PERIOD FROM 042196		7 COV D. 042296		8 N-C D. 1	
				9 C-I D.		10 L-R D.	

12 PATIENT NAME DEANE, SHAUN				13 PATIENT ADDRESS 1521 DOWNS DR, MINDEN NV 89423			
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14 BIRTHDATE 08201969		15 SEX M		16 MS S		17 DATE 042196		18 HR 07		19 TYPE 3		20 GRC 1		21 D HR 12		22 STAT 01		23 MEDICAL RECORD NO. 0768009		24		25		26		27		28		29		30		31	
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32 OCCURRENCE CODE 01		OCCURRENCE DATE 042196		33 OCCURRENCE CODE		OCCURRENCE DATE		34 OCCURRENCE CODE		OCCURRENCE DATE		35 OCCURRENCE CODE		OCCURRENCE DATE		36 OCCURRENCE CODE		OCCURRENCE DATE		37 A		B		C	
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38 SHAUN DEANE 1521 DOWNS DR MINDEN, NV 89423				39 VALUE CODES 01 51300		40 VALUE CODES 45 0400		41 VALUE CODES	
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	130 ROOM-BOARD/3&4BED	495.00		1	49500	49500	
2	222 TECH SUPPT CHG			1	3171	3171	
3	250 PHARMACY			15	11271	11271	
4	272 STERILE SUPPLY			8	28896	28896	
5	320 DX X-RAY			3	36305	36305	
6	450 EMERG ROOM			2	13034	13034	
23	001 TOTAL CHARGES				142177	142177	

50 PAYER A SELF PAY 999		51 PROVIDER NO.		52 REL TRFO Y		53 ASG BEN Y		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56	
										142177			

58 INSURED'S NAME A DEANE, SHAUN		59 P.REL 01		60 CERT. - SSN - HIC. - ID NO.		61 GROUP NAME SELF PAY		62 INSURANCE GROUP NO. LET DOUGLAS 04219	
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63 TREATMENT AUTHORIZATION CODES		64 ESC 9		65 EMPLOYER NAME UNEMPLOYED		66 EMPLOYER LOCATION	
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67 PRIN. DIAG. CD. 8731		68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 CODE		76 ADM. DIAG. CD. 8731		77 E-CODE		78 266	
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79 P.C.		80 PRINCIPAL PROCEDURE 9 8622 042196		81 A OTHER PROCEDURE 8659 042196		B OTHER PROCEDURE		82 ATTENDING PHYS. ID. NV062416 HALL WESLEY W	
		C OTHER PROCEDURE		D OTHER PROCEDURE		E OTHER PROCEDURE		83 OTHER PHYS. ID. NV062416 HALL WESLEY W	

84 REMARKS A SELF PAY IAFCOMP042296/WWH -,- 00000 EXHIBIT A SVC = TRA FC = P PT = W		85 PROVIDER REPRESENTATIVE X		86 DATE 042696	
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COPY

REQUESTED BY  
Dwight Brennan + Shea  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'96 MAY 21 AM 1:04

LINDA SLATER  
RECORDER  
\$10<sup>00</sup> PAID Ka DEPUTY

388291  
BK 0596 PG 3742