

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 **EDITH HAWKINSON**, a person  
10 who was injured on the 6th day of August, 1997, 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 **STEVEN C. SABBADINI, ESQ., AS ATTORNEY FOR PATIENT**  
18 **CALIFORNIA STATE AUTOMOBILE ASSOCIATION**  
19 **ALLSTATE INSURANCE**

20 The hospitalization was rendered to the injured party between  
21 August 6, 1997, through August 12, 1997, Account Number  
22 5100014934.

23 **ITEMIZED STATEMENT**

24 For hospitalization and related medical services rendered to  
25 the patient **EDITH HAWKINSON**, in accordance with the itemized  
26 statement attached hereto as Exhibit "A" and by this reference  
27 made a part hereof.

28 That ninety (90) days have not elapsed since the termination  
of hospitalization; and that the claimant's demands for such care  
or services are in the sum of **THIRTY SIX THOUSAND SEVEN HUNDRED**  
**THREE DOLLARS** and 35/100 (\$36,703.35), 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.

**DATED** this 9<sup>th</sup> day of September, 1997.

**DURNEY, BRENNAN & SHEA**

By:   
**TERRANCE SHEA**  
**TOM BRENNAN**

0421430

BK0997PG2149

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

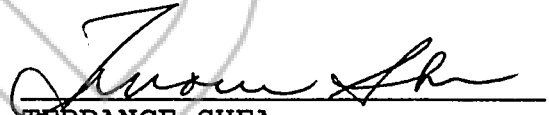
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**VERIFICATION**

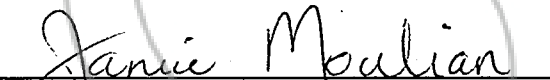
STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF WASHOE     )

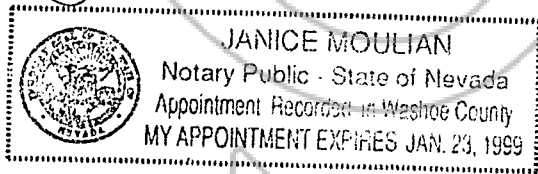
I, TERRANCE SHEA, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

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 9<sup>th</sup> DAY OF SEPTEMBER, 1997.

  
Notary Public



lien 9/4/97

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

0421430  
BK0997PG2150

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130				3 PATIENT CONTROL NO. 5100014934				4 TYPE OF BILL 111					
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 COV D.		8 N-C D.		9 C-I D.		10 L-R D.		11	
3754		080697		081297		6							

12 PATIENT NAME HAWKINSON, EDITH						13 PATIENT ADDRESS 127 PEPITO WAY, FULSOM CA 95630					
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14 BIRTHDATE		15 SEX		16 MS		17 DATE		18 HR		19 TYPE		20 ORG		21 D HR		22 STAT		23 MEDICAL RECORD NO.		24		25		26		27		28		29		30		31	
08291928		F		W		080697		17		1		7		16		05		0813806																	

32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE		38 OCCURRENCE SPAN FROM		39 OCCURRENCE SPAN THROUGH	
01		080697													

39 VALUE CODES CODE				40 VALUE CODES AMOUNT				41 VALUE CODES CODE				42 VALUE CODES AMOUNT			
01				54700				45				1200			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	120 ROOM-BOARD/SEMI	547.00		5	273500		
2	200 INTENSIVE CARE OR (ICU)	1065.00		1	106500		
3	222 TECH SUPPT CHG			2	15109		
4	250 PHARMACY			108	476395		
5	255 DRUGS/INCIDENT RAD			2	54662		
6	272 STERILE SUPPLY			143	731547		
7	274 PROSTH/ORTH DEV			6	292319		
8	300 LABORATORY			23	221116		
9	320 DX X-RAY			16	252699		
10	350 CT SCAN			6	324548		
11	360 OR SERVICES			121	524401		
12	370 ANESTHESIA			135	60435		
13	390 BLOOD/STOR-PROC			3	24000		
14	410 RESPIRATORY SVC			25	120379		
15	420 PHYSICAL THERP			5	44928		
16	450 EMERG ROOM			3	16454		
17	460 PULMONARY FUNC			10	60131		
18	700 CAST ROOM			2	7858		
19	710 RECOVERY ROOM			3	52111		
20	730 EKG/ECG			1	9134		
21	960 PRO FEE			1	2109		
22							
23	001 TOTAL CHARGES				3670335		

50 PAYER		51 PROVIDER NO.		52 REL INFO		53 ARQ BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56	
CA AUTO ASSOC 307		290001		Y		Y							
MEDICARE B				Y		Y							
MISC INS 899				Y		Y							

57 DUE FROM PATIENT

58 INSURED'S NAME		59 P.REL		60 CERT. - SSN - HIC - ID NO.		61 GROUP NAME		62 INSURANCE GROUP NO.	
HAWKINSON, EDITH		01		1830		RETIRED		1830	
HAWKINSON, EDITH		01		1830A		RETIRED		1830A	
HAWKINSON, EDIE K		01		1830		RETIRED		84 01	

63 TREATMENT AUTHORIZATION CODES		64 ESC		65 EMPLOYER NAME		66 EMPLOYER LOCATION	
ND AUTH APT HRS		9		RETIRED			
ND AUTH AF		9		RETIRED			
1172406		9		RETIRED			

67 PRIN. DIAG. CD.		68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 CODE		76 ADM. DIAG. CD.		77 E-CODE		78	
82332		8250		8910		8240		9221		88101								82332				219	
79 P.C.		80 PRINCIPAL PROCEDURE CODE		81 OTHER PROCEDURE DATE		82 OTHER PROCEDURE DATE		83 OTHER PROCEDURE DATE		84 OTHER PROCEDURE DATE		85 OTHER PROCEDURE DATE		86 OTHER PROCEDURE DATE		87 OTHER PROCEDURE DATE		88 OTHER PHYS. ID		89 OTHER PHYS. ID		90 OTHER PHYS. ID	
91		7916		080697		8659		080697		9354		080697						NV062655		CAFFERATA H TREAT C3			
		C				D				E								NV123193		PORRAS MARIO E			

84 REMARKS		85 PROVIDER REPRESENTATIVE		86 DATE	
CALIF ST AUTO ASSOC		X		082197	
VERIFY		EXHIBIT A		SVC = TRA	
- , - 00000				FC = C	
				PT = S	

COPY

REQUESTED BY  
Darney, Brennan &  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA  
Shea

'97 SEP 11 P2:07

0421430

LINDA SLATER  
RECORDER

\$ 10.<sup>00</sup> PAID PK DEPUTY

BK 0997PG2152