

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 CODY CRAWFORD, a person
10 who was injured on the 26th day of March, 1998, 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 March 26, 1998, through April 7, 1998, Account Number 5100025989.

20 ITEMIZED STATEMENT

21 For hospitalization and related medical services rendered to
22 the patient CODY CRAWFORD, in accordance with the itemized
23 statement attached hereto as Exhibit "A" and by this reference
24 made a part 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 SIXTY THOUSAND SEVEN HUNDRED TWENTY
28 FOUR DOLLARS and 91/10 (\$60,724.91), 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 20th day of April, 1998.

DURNEY, BRENNAN & SHEA

By: Terrance Shea
TERRANCE SHEA
TOM BRENNAN

DURNEY, BRENNAN & SHEA

ATTORNEYS AT LAW
547 SOUTH ARLINGTON AVENUE
RENO, NEVADA 89509
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PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

0439278

BK0598PG1747

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130		3 PATIENT CONTROL NO. 5100025989		4 TYPE OF BILL 111
5 FED. TAX NO. 88-0213754	6 STATEMENT COVERED FROM THROUGH 032698 040798	7 COV. D. B N-C D.	9 C-I D.10 L-R	11

12 PATIENT NAME CRAWFORD, CODY	13 PATIENT ADDRESS 981 TILLMAN WAY, MINDEN NV 89502
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14 BIRTHDATE 02071977	15 SEX M	16 MAR. STATUS S	17 ADMISSION DATE 032698	18 ADMISSION TYPE 22	19 STAT 1	20 MEDICAL RECORD NO. 0834948	21	22	23	24	25	26	27	28	29	30	31
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32 OCCURRENCE CODE 01	33 OCCURRENCE DATE 032698	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 CODE	OCCURRENCE FROM	SPAN THROUGH	37 A	B	C
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38 CODY CRAWFORD 981 TILLMAN WAY MINDEN, NV 89502		39 VALUE CODES AMOUNT 01 54700	40 VALUE CODES AMOUNT 45 2000	41 VALUE CODES AMOUNT
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42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRGS	49
1	120 ROOM-BOARD/SEMI	547.00		10	547000	547000	
2	200 INTENSIVE CARE OR (ICU)	1065.00		2	213000	213000	
3	222 TECH SUPPT CHG			26	27246	27246	
4	250 PHARMACY			176	682911	682911	
5	255 DRUGS/INCIDENT RAD			1	9300	9300	
6	271 NON-STER SUPPLY			7	113694	113694	
7	272 STERILE SUPPLY			244	1586468	1586468	
8	274 PROSTH/ORTH DEV			10	232755	232755	
9	300 LABORATORY			18	124865	124865	
10	320 DX X-RAY			17	267028	267028	
11	350 CT SCAN			8	419032	419032	
12	352 CT SCAN/BODY			1	97036	97036	
13	360 OR SERVICES			317	1303303	1303303	
14	370 ANESTHESIA			340	161162	161162	
15	420 PHYSICAL THERP			7	45930	45930	
16	430 OCCUPATION THER			2	24026	24026	
17	450 EMERG ROOM			1	5507	5507	
18	460 PULMONARY FUNC			2	12893	12893	
19	610 MRI			1	102500	102500	
20	700 CAST ROOM			2	23133	23133	
21	710 RECOVERY ROOM			4	73702	73702	
22							
23	001 TOTAL CHARGES				6072491	6072491	

50 PAYER A SELF PAY 999 B PMT PLAN EXT F60 C UNCOMP CARE 996	51 PROVIDER NO.	52 REL. 53 ASG. 54 PRIOR PAYMENTS Y Y Y Y	55 EST. AMOUNT DUE 6072491	56
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57 DUE FROM PATIENT		6072491		
58 INSURED'S NAME A CRAWFORD, CODY B CRAWFORD, CODY C CRAWFORD, CODY	59 P. REL. 01 01 01	60 CERT. - SSN - HIC. - ID NO. 558817597 558817597 558817597	61 GROUP NAME VERIFY PAYMENT OPTION UNCOMPENSATED	62 INSURANCE GROUP NO. IAF COMP 040398 C 040398CJD/30%WKST GIVEN 040398 CJD

63 TREATMENT AUTHORIZATION CODES A 9 B 9 C 9	64 ESC	65 EMPLOYER NAME VERIFY PAYMENT OPTION EXTEN	66 EMPLOYER LOCATION
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67 PRIN. DIAG. CD 80625	68 CODE 8690	69 OTHER DIAG. CD 73719	70 CODE 8912	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD 80625	77 E-CODE 004	78
79 P. Q	80 PRINCIPAL PROCEDURE CODE B 0309	81 OTHER PROCEDURE DATE 032998	82 OTHER PROCEDURE CODE A 0309	83 OTHER PROCEDURE DATE 032998	84 OTHER PROCEDURE CODE C 8105	85 OTHER PROCEDURE DATE 032998	86 OTHER PROCEDURE CODE D 0359	87 OTHER PROCEDURE DATE 032998	88 OTHER PROCEDURE CODE E 8622	89 OTHER PROCEDURE DATE 032698	90 ATTENDING PHYS. ID DADDAS, JAMES N.
84 REMARKS SELF PAY LTRDOUGLAS032798CJD - , - 00000 SVC = TRA FC = P PT = S											

91 PROVIDER REPRESENTATIVE X	92 DATE 041198
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EXHIBIT A

0439278

BK0598PG1749

COPY

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

'98 MAY 11 A11:01

0439278

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LINDA SLATER
RECORDER
\$ 10 PAID K2 DEPUTY