

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 NRS 108.660)**

8 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has  
9 rendered services in hospitalization for **CHERYL SKELTON**, of  
10 Reno, Nevada, a person who was injured on the 9th day of August,  
11 1999, in the County of Douglas, State of Nevada, and that WASHOE  
12 MEDICAL CENTER hereby claims a lien upon any money due or owing  
13 or any claim for compensation, damages, contribution, settlement  
14 or judgment from any other person or persons, corporation or  
15 association alleged to have caused the injury, or liable for the  
16 injury or payment of the expenses herein incurred, said parties  
17 being the following:

18 **FARMERS INSURANCE COMPANY**

19 The hospitalization was rendered to the injured party  
20 beginning on August 9, 1999, through August 13, 1999, account  
21 number 5100051878.

22 **ITEMIZED STATEMENT**

23 Hospitalization and related medical services were rendered  
24 to the patient **CHERYL SKELTON**, in accordance with the itemized  
25 statement attached hereto as Exhibit "A" and by this reference  
26 made a part hereof.

27 That ninety (90) days have not elapsed since the  
28 termination of hospitalization; and that the claimant's demands  
for such care or services are in the sum of TWELVE THOUSAND  
EIGHT HUNDRED TWENTY-SEVEN AND 90/100 DOLLARS (\$12,827.90),  
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 19<sup>TH</sup> day of August, 1999.

DURNEY, BRENNAN & SHEA

BY: 

TERRANCE SHEA

DURNEY, BRENNAN & SHEA

ATTORNEYS AT LAW

547 SOUTH ARLINGTON AVENUE

RENO, NEVADA 89509

TELEPHONE (702) 329-4400 • TELECOPIER (702) 329-8806

PETER D. DURNEY

THOMAS R. BRENNAN

TERRANCE SHEA

VERIFICATION

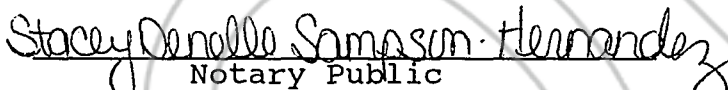
1 STATE OF NEVADA )  
2 : ss.  
3 COUNTY OF WASHOE )

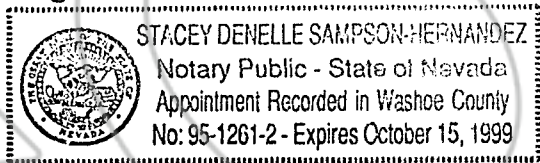
4 I, the undersigned, being first duly sworn, under  
5 penalty of perjury, depose and say:

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

12   
13 TERRANCE SHEA

14 SUBSCRIBED and SWORN to before me,  
15 a Notary Public, on this 19<sup>th</sup> day  
16 of August, 1999.

17   
18 Notary Public



20 lien.sdh

DURNEY, BRENNAN & SHEA

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PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

DETAIL SUMMARY

08/16/99 0931

PT NO: 5100051878 SKELTON ,CHERYL MR NO: 0878747 ACCT TYPE: I  
REG: 08/09/99 DSCH: 08/13/99 FC: C PT: S EXP IND: ACCT BAL: 12827.90

PAGE NO: 1

TOTAL CHARGES: 12827.90 NURSE STA/ROOM: 32 / 330  
ACCT BAL 699 V 040 V PT BAL  
12827.90 12827.90 .00 .00

LINE	DEPARTMENT	TOTAL AMT	INS BAL	PT BAL
! 1	ROOM CHARGES	3225.00	3225.00	0.00
! 2	EMERGENCY ROOM	203.56	203.56	0.00
! 3	PHARMACY	924.30	924.30	0.00
! 4	MED/SUR SUPPLY	1358.35	1358.35	0.00
! 5	LABORATORY	355.20	355.20	0.00
! 6	RADIOLOGY	1288.65	1288.65	0.00
! 7	C T SCAN	3674.58	3674.58	0.00
! 8	RADIOLOGY PHM	363.14	363.14	0.00
! 9	MRI	1025.00	1025.00	0.00
! 10	PHYSICAL THER	81.63	81.63	0.00
! 11	OCCUPATION THP	185.83	185.83	0.00
! 12	SELF ADM DRGS	17.00	17.00	0.00
! 13	ISOLATION	125.66	125.66	0.00

! (PF14) RETURN TO COLL WKST KEY IN LINE NO AND PRESS ENTER  
! (PF15) RETURN TO PT OVERVIEW PF16 D/E  
! (PF2) PREVIOUS ! (PF4) BEGINNING  
PAQCHS01

EXHIBIT A

REQUESTED BY  
Durney Brennan & Shee  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

1999 AUG 23 AM 11:12

LINDA SLATER  
RECORDER

900  
\$ PAID DEPUTY

0475084

BK0899PG4246