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HOSPITAL LIEN
ON SETTLEMENT, JUDGMENT AND COMPROMISE

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

(NRS 108.590 THROUGH NRS 108.660)

NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has rendered services in hospitalization for **JAYSON SCHEETZ**, of Gardnerville, Nevada, who was injured on the 20th day of May, 2000, in the County of Douglas, State of Nevada, 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 alleged to have caused the injury, or liable for the injury or payment of the expenses herein incurred, said parties being the following:

ALLSTATE INSURANCE

The hospitalization was rendered to the injured party between May 20, 2000, through May 24, 2000, account numbers 5100066207.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient JAYSON SCHEETZ, 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 are in the sum of ELEVEN THOUSAND FOUR HUNDRED THIRTY THREE DOLLARS, (\$11,433.80) after deducting credits and off sets, 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 16TH day of JUNE, 2000.

DURNEY, BRENNAN & SHEA

By: *Terrance Shea*

TERRANCE SHEA

0494488

BK0600PG4487

DURNEY, BRENNAN & SHEA
ATTORNEYS AT LAW
547 SOUTH ARLINGTON AVENUE
RENO, NEVADA 89509
TELEPHONE (775) 329-4400 • TELECOPIER (775) 329-8805

PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

VERIFICATION

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

4 I, TERRANCE SHEA, the undersigned, being first duly
5 sworn, under 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.

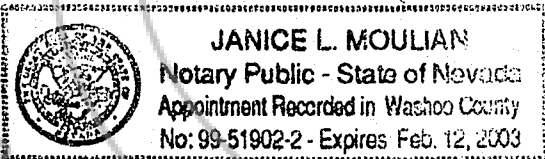
Terrance Shea

12 **TERRANCE SHEA**

13
14 **SUBSCRIBED and SWORN** to before me,
15 by TERRANCE SHEA, on this 16th day
16 of June, 2000.

Janice L. Moulian

17 Notary Public



18
19
20
21 lien.jlm4/13/00

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1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89502-1474 775-982-4130		2		3 PATIENT CONTROL NO. 5100066207			4 TYPE OF BILL 111	
5 FED. TAX NO. 88-0213754		6 STATEMENT COVERS FROM THROUGH 052000 052400		7 COV D 4	8 N-C D.	9 C-I D.	10 I-R	11

12 PATIENT NAME SCHEETZ, JAYSON				13 PATIENT ADDRESS 716 LONG VALLE, GARDNERVILLE NV 89410				
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14 BIRTHDATE 09121980		15 SEX M	16 MARRIAGE STATUS S	17 ADMISSION DATE 052000		18 ADMISSION TYPE 20	19 ADMISSION SRC 1	20	21 D HR 17	22 STAT 16	23 MEDICAL RECORD NO. 0906469		24		25		26		27		28		29		30		31	
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32 OCCURRENCE CODE 01	33 OCCURRENCE DATE 052000	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 CODE	37 OCCURRENCE FROM	38 SPAN THROUGH
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39 VALUE CODES AMOUNT 01 58000				40 VALUE CODES AMOUNT 45 1800				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 CHRG	49
1	110 ROOM-BOARD/PVT	610.00		2	122000		
2	120 ROOM-BOARD/SEMI	698.00		1	69800		
3	200 INTENSIVE CARE OR (ICU)	1131.00		1	113100		
4	220 SPECIAL CHARGES			3	10806		
5	222 TECH SUPPT CHG			1	3602		
6	250 PHARMACY			20	32899		
7	255 DRUGS/INCIDENT RAD			1	29050		
8	271 NON-STER SUPPLY			2	11278		
9	272 STERILE SUPPLY			31	141892		
10	274 PROSTH/ORTH DEV			1	24518		
11	300 LABORATORY			2	17888		
12	305 LAB/HEMATOLOGY			3	28689		
13	306 LAB/BACT-MICRO			1	17640		
14	320 DX X-RAY			4	60670		
15	350 CT SCAN			6	358355		
16	450 EMERG ROOM			2	20356		
17	740 EEG			1	26839		
18	921 PERI VASCUL LAB			1	33299		
19	960 PRO FEE			2	20699		
20							
21							
22							
23	001 TOTAL CHARGES				1143380		

50 PAYER A HARVEYS 152		51 PROVIDER NO.		52 BEL DUE		53 DUE BY		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56	
				Y		Y							

57 DUE FROM PATIENT									
58 INSURED'S NAME A SCHEETZ, ALAN		59 P. REL 03		60 CERT. - SSN - HIC. - ID NO. 8574		61 GROUP NAME HARVEY'S HOTEL		62 INSURANCE GROUP NO. 8574	

63 TREATMENT AUTHORIZATION CODES A LISA NOTIF		64 ESC 7		65 EMPLOYER NAME HARVEY'S HOTEL/CASIN		66 EMPLOYER LOCATION	
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67 PRIN. DIAG. CD 3488	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADH. DIAG. CD 80106	77 E-CODE E9392	78 017
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79 P. Q BO	80 PRINCIPAL PROCEDURE CODE	81 PROCEDURE DATE	82 OTHER PROCEDURE CODE	83 OTHER PROCEDURE DATE	84 OTHER PROCEDURE CODE	85 OTHER PROCEDURE DATE	86 OTHER PROCEDURE CODE	87 OTHER PROCEDURE DATE	88 ATTENDING PHYS. ID NV065674 GOMEZ MYRON J
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84 REMARKS A HARVEYS CLAIMS P O BOX 4470		SVC = TRA FC = C PT = S		85 PROVIDER REPRESENTATIVE X		86 DATE 060900	
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0494488

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COPY

REQUESTED BY

Durney Brennan & Shea

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUN 21 PM 2:57

LINDA SLATER
RECORDER

\$ 10⁰⁰ PAID KJ DEPUTY

0494488

BK0600PG4490