



NO APN

File & Return to:

STEPHANIE DONAHUE
Outreach Services, Inc.
890 Mill Street Ste.405
Reno, NV 89502

HOSPITAL LIEN ON
SETTLEMENT, JUDGMENT AND COMPROMISE
RENOWN MEDICAL CENTER
(NRS 108.590 THROUGH NRS 108.660)

NOTICE IS HEREBY GIVEN that RENOWN REGIONAL MEDICAL CENTER has rendered services in hospitalization for **DOLORES ABANTO**, a person who was injured on the 10TH day of the month of October of the year 2011 in the city of WELLINGTON, county of DOUGLAS, and that RENOWN REGIONAL MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from;

1. **GEICO CLAIM #0419181100101016**
930 NORTH FINANCE DRIVE
TUCSON, AZ 85710

alleged to have caused the injuries, or any other person, corporation or association liable for the injury. The hospitalization was rendered to the injured person between the 10TH day of the month of October of the year 2011 and the 10TH day of the month of October of the year 2011.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **DOLORES ABANTO**, 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; that the claimant's demands for such care or service is in the sum of **\$35,220.00** and that no part thereof has been paid except \$0; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$35,220.00**, in which amount lien is hereby claimed.

VERIFICATION

State of NEVADA

}



} ss:

County of WASHOE

}

I, STEPHANIE DONAHUE being first duly sworn, on oath say:

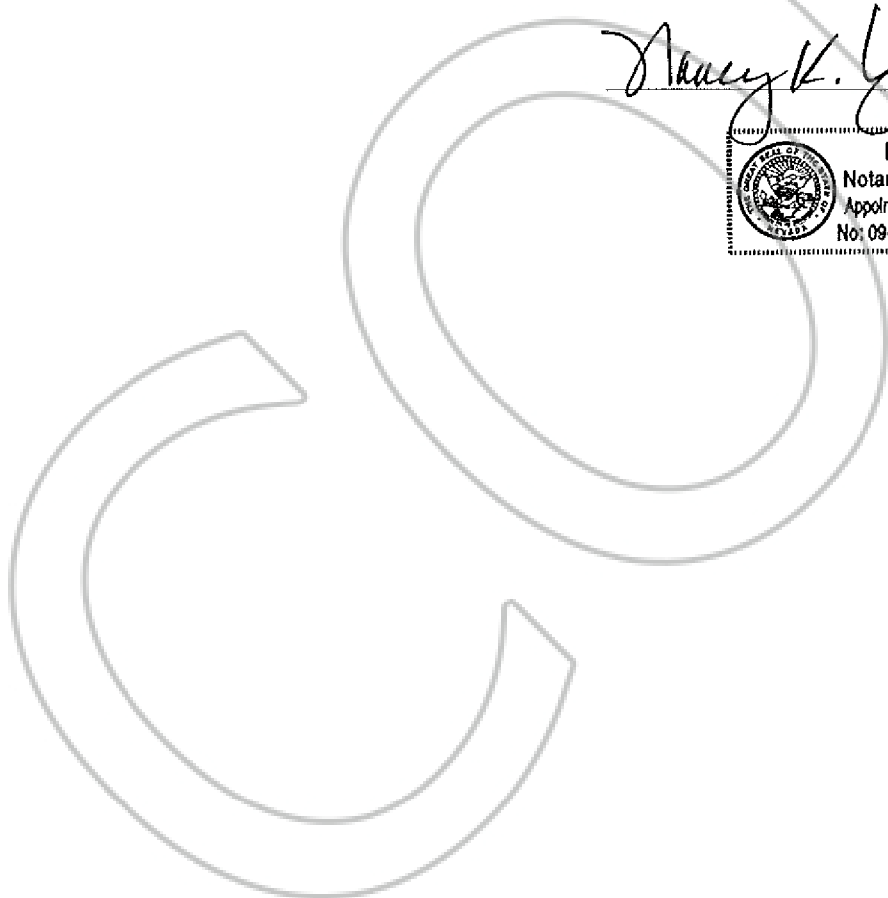
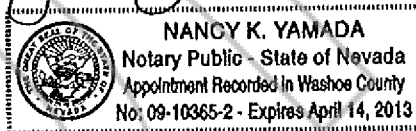
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.

Stephanie Donahue
STEPHANIE DONAHUE

On this *9th* day of January 2012, personally appeared before me, a Notary Public, STEPHANIE DONAHUE, known to me to be the person described n and who executed the foregoing instrument on behalf of RENOWN REGIONAL MEDICAL CENTER.

Subscribed and sworn to before me this *9th* day of the month of January of the year 2012.

Nancy K. Yamada





RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		DOLORES ABANTO				
Street:		3866 SAPPHIRE ROAD				
City:		WELLINGTON				
State:		NV				
Zip:		89444				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
10/10/2011	10/10/2011	DOLORES ABANTO	5100403186	\$35,220.00	\$0	\$35,220.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Renown Regional Medical Center
Business Office
PO Box 30006
Reno, NV 89520-3006