NO APN

File & Return to:

STEPHANIE DONAHUE Cardon Outreach 890 Mill Street Suite 405 Reno, NV 89502 DOC # 801879
05/04/2012 08:17AM Deputy: AR
OFFICIAL RECORD
Requested By:
Cardon Outreach
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-512 PG-1017 RPTT: 0.00

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 GREGORY SHOEMAKE, a person who was injured on the 20TH month of APRIL of the year 2012 in the street of SR88 CENTERVILLE LANE, 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. PROGRESSIVE CLAIM# 125519433 5340 KIETZKE LANE SUITE 103 RENO, NV 89511
- 2. JOSHUA JAMES DONAIRE 3936 TOPAZ RANCH ROAD GARNERVILLE, NV 89444

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 20TH day of the month of APRIL of the year 2012 and the 29TH day of the month of APRIL of the year 2012.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient WALLY TUZON, 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 \$73,451.75 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 \$73,451.75, in which amount lien is hereby claimed.

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VERIFICATION

State of NEVADA

County of DOUGLAS

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.

day of MAY 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,

Notary Public (p. and for AV

NANCY K. YAMADA Notary Public - State of Nevada Appointment Recorded in Washoe County No: 09-10365-2 - Expires April 14, 2013



BK 512 PG-1019

RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

| Guarantor: | | GREGORY SHO | | | | |
|------------|--------------|---------------------------------------|--------------------------|---------------|----------|-------------|
| Street: | | 11413 NORTH EAST 145 TH ST | | | | |
| City: | | BRUSH PRAIRE | | | | |
| State: | | WA | | | | |
| Zip: | | 98608 | | | \ | |
| Admit Date | Discharge Da | te Patient's Name | Renown Health Account | Total Charges | Payments | Balance |
| 04/20/2012 | 04/29/2012 | GREGORY SHOEMAKE | 2059337 | \$73,451.75 | \$0 | \$73,451.75 |
| | | | | \$ | \$ | \$ |
| | | | 1 | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | 1 | \$ | \$ | \$ |

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