



File & Return to:

WILLIAM KEELER
Cardon Outreach, Inc.
157 S Howard St. Suite 405
Spokane, WA 99201

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 **SCOTT LEVY**, a person who was injured on the **21ST day of the month of JUNE of the year 2012** in the city of **KINGSBURY**, 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. **ANDREW TANG**
2. **AMY TANG**
3. **NATIONWIDE INSURANCE CL# 720420471598**

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 21ST day of the month of JUNE of the year 2012 and the 29TH day of the month of JUNE of the year 2012.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **SCOTT LEVY**, 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 **\$132,133.32** and that no part thereof has been paid except **\$0.00**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$132,133.32**, in which amount lien is hereby claimed.

VERIFICATION

State of WASHINGTON }

} ss:



County of SPOKANE }

I, WILLIAM KEELER 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.



WILLIAM KEELER

On this 29TH day of JUNE 2012, personally appeared before me, a Notary Public, WILLIAM KEELER, known to me to be the person described in and who executed the foregoing instrument on behalf of RENOWN REGIONAL MEDICAL CENTER.

Subscribed and sworn to before me this 29TH day of the month of JUNE of the year 2012.



LISA COREAN
Notary Public in and for SPOKANE COUNTY,
WASHINGTON





RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		SCOTT LEVY				
Street:		PO BOX 4743				
City:		STATELINE				
State:		NV				
Zip:		89449				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
6/21/2012	Current	SCOTT LEVY	2295027	\$132,133.32	\$0.00	\$132,133.32
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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