



NO APN

File & Return to:

STEPHANIE DONAHUE
Outreach Services, Inc.
890 MILL STREET SUITE 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 **NANCY PIERCE**, a person who was injured on the **13 day of the month of JULY of the year 2012** in the city of **GLENBROOK**, 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. **AMERIPRISE AUTO/HOME CLAIM: 1516148 ADD: P.O. BOX 2992 PHOENIX AZ 85062**
2. **MARIA OLIVA GARCIA-LONDONO ADD: 1494 US HIGHWAY 50 GLENBROOK NV 89413**

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 13 day of the month of **JULY** of the year 2012 and the 08 day of the month of **AUGUST** of the year 2012.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **NANCY PIERCE**, 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 **\$338,977.50** 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 **\$338,977.50**, 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 *4th* day of **SEPTEMBER 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 *4th* day of the month of **SEPTEMBER** of the year 2012.

Nancy K. Yamada





RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		NANCY PIERCE				
Street:		860 WHITNEY WAY				
City:		GARDNERVILLE				
State:		NV				
Zip:		89460				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
07-13-12	08-08-12	NANCY PIERCE	2369774	\$338,977.50	\$0	\$338,977.50
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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