

NO APN

File & Return to:

STEPHANIE DONAHUE
CARDON OUTREACH
890 MILL ST 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 **FERNANDO LEAL**, a person who was injured on the 3RD day of the month of **JUNE** of the year **2013** in the city of **STATELINE**, 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 #0335409170101058 ADD: PO BOX 509119 SAN DIEGO, CA 92150**
2. **RODNEY WATSON ADD: 139 CHESTERFIELD WAY FOLSOM, CA 96530.**

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 3RD day of the month of **JUNE** of the year **2013** and the 3RD day of the month of **JUNE** of the year **2013**.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **FERNANDO LEAL**, 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 **\$16,263.25** 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 **\$16,263.25**, 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 ^{3rd} day of JULY 2013, 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 ^{3rd} day of the month of JULY of the year 2013.

Nancy K. Yamada
Notary Public in and for WASHOE, NV





RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		FERNANDO LEAL				
Street:		1425 MANZANITA LN				
City:		RENO				
State:		NV				
Zip:		89509				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
6-3-13	6-3-13	FERNANDO LEAL	3471177	\$16,263.25	\$0	\$16,263.25
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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