

NO APN

DOC # 829655  
08/28/2013 09:55AM Deputy: PK  
OFFICIAL RECORD  
Requested By:  
Cardon Outreach  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-813 PG-7567 RPTT: 0.00



File & Return to:

Areli Torres  
Cardon Outreach  
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 **BARBARA BERRY**, a person who was injured on the **27** 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. **ZURICH CLAIM: 9620199117 ADD: P.O. BOX 66941 CHICAGO IL 60666-0941**
2. **KINGSBURY CROSSING LODGE ADD: 133 DEER RUN CT STATELINE NV 89449**

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 01 day of the month of **JULY** of the year 2013 and the 12 day of the month of **JULY** of the year 2013.

**ITEMIZED STATEMENT**

Hospitalization and related medical services were rendered to the patient **BARBARA BERRY**, 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 **\$278,135.50** 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 **\$278,135.50**, in which amount lien is hereby claimed.



VERIFICATION

State of Nevada }

} ss:

County of Washoe }

I, Areli Torres being first duly sworn, on oath say:

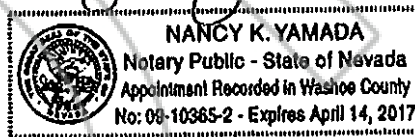
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.

Areli Torres  
Areli Torres

On this 16th day of July 2013, personally appeared before me, a Notary Public, Areli Torres, 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 16th day of the month of July of the year 2013.

Nancy K. Yamada





**RENOWN REGIONAL MEDICAL CENTER**

EXHIBIT "A"

**INVOICE**

<b>Guarantor:</b>		<b>BARBARA BERRY</b>				
<b>Street:</b>		<b>8338 W. MAYA DR</b>				
<b>City:</b>		<b>PEORIA</b>				
<b>State:</b>		<b>AZ</b>				
<b>Zip:</b>		<b>85383</b>				
<b>Admit Date</b>	<b>Discharge Date</b>	<b>Patient's Name</b>	<b>Renown Health Account</b>	<b>Total Charges</b>	<b>Payments</b>	<b>Balance</b>
07-01-13	07-12-13	BARBARA BERRY	3569135	\$278,135.50	\$0	\$278,135.50
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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