



NO APN

File & Return to:

Areli Torres
Cardon Outreach
890 Mill Street, Suite 405
Reno, NV 89502

HOSPITAL LIEN ON
SETTLEMENT, JUDGMENT AND COMPROMISE
REOWN MEDICAL CENTER
(NRS 108.590 THROUGH NRS 108.660)

NOTICE IS HEREBY GIVEN that RENOWN REGIONAL MEDICAL CENTER has rendered services in hospitalization for **SPENCER CONWAY**, a person who was injured on the **30TH** day of the month of **JULY** of the year **2013** in the city of **GLENBROOK**, county of **DOUGLAS**, and that **REOWN 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. **AAA, CLAIM# 1000-13-1574, PO BOX 920, SUISUN CITY CA 94585**

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 **31ST** day of the month of **JULY** of the year **2013** and the **31ST** day of the month of **JULY** of the year **2013**.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **SPENCER CONWAY**, 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 **\$7,957.00** and that no part thereof has been paid except **\$5,000.00**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$2,957.00**, 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 25th day of OCTOBER 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 25th day of the month of OCTOBER of the year 2013.

Morgan Clendenen



MORGAN CLENDENEN
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 13-11535-2
My Appt. Expires May 5, 2017



RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		GILES CONWAY				
Street:		7470 S. NEWPORT WAY				
City:		CENTENNIAL				
State:		CO				
Zip:		80112				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
07/31/2013	07/31/2013	SPENCER CONWAY	3678348	\$7,957.00	\$5,000.00	\$2,957.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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