

NO APN

DOC # 836819  
01/16/2014 03:58PM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
Cardon Outreach  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-114 PG-2478 RPTT: 0.00



File & Return to:

Morgan Clendenen  
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 JAN MARY FISCHER, a person who was injured on the 13TH day of the month of OCTOBER of the year 2013 in the city of MINDEN, 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. AAA, CLAIM# 011284723, 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 13TH day of the month of OCTOBER of the year 2013 and the 16TH day of the month of OCTOBER of the year 2013.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient JAN MARY FISCHER, 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 \$43,480.00 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 \$43,480.00, in which amount lien is hereby claimed.

VERIFICATION



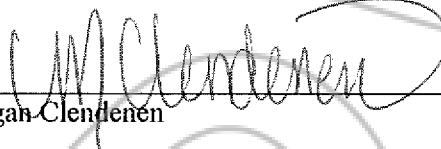
State of Nevada }

} ss:

County of Washoe }

I, Morgan Clendenen being first duly sworn, on oath say:

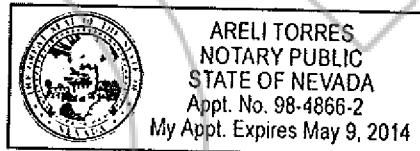
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.

  
Morgan Clendenen

On this 16<sup>th</sup> day of JANUARY 2013, personally appeared before me, a Notary Public, Morgan Clendenen, 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 16<sup>th</sup> day of the month of JANUARY of the year 2013.

  
Areli Torres





**RENOWN REGIONAL MEDICAL CENTER**

EXHIBIT "A"

**INVOICE**

<b>Guarantor:</b>		<b>JAN MARY FISCHER</b>				
<b>Street:</b>		<b>1456 ANNKIM CIRCLE</b>				
<b>City:</b>		<b>GARDNERVILLE</b>				
<b>State:</b>		<b>NV</b>				
<b>Zip:</b>		<b>89460</b>				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
10/13/2013	10/16/2013	JAN MARY FISCHER	3957572	\$43,480.00	\$0.00	\$43,480.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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