

NO APN

DOC # 841115
04/18/2014 09:25AM Deputy: SG
OFFICIAL RECORD
Requested By:
Cardon Outreach
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-414 PG-3144 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 ANDREW HAMES, a person who was injured on the 5TH day of the month of MARCH of the year 2014 in the city of GARDNERVILLE, 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. PROGRESSIVE, CLAIM# 141811808, PO BOX 512926, LOS ANGELES CA 90051
2. MELISSA STONE, 677 BLUEROCK, GARDNERVILLE NV 89460
3. STEVEN NORTON, 677 BLUEROCK, GARDNERVILLE NV 89460

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 5TH day of the month of MARCH of the year 2014 and the 12TH day of the month of MARCH of the year 2014.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient ANDREW HAMES, 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 \$71,101.00 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 \$71,101.00, 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.

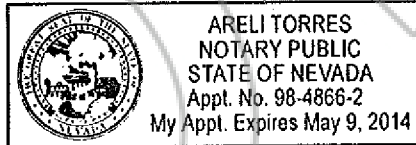


Morgan Clendenen

On this 17 day of APRIL 2014, 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 17 day of the month of APRIL of the year 2014.







RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		ANDREW HAMES				
Street:		1219 MONARCH LANE				
City:		GARDNERVILLE				
State:		NV				
Zip:		89460				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
03/05/2014	03/12/2014	ANDREW HAMES	4509342	\$71,101.00	\$0.00	\$71,101.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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