

NO APN

DOC # 841829  
05/01/2014 10:44AM Deputy: SD  
**OFFICIAL RECORD**  
Requested By:  
Cardon Outreach  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-514 PG-133 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 MORGAN RUSSELL, a person who was injured on the 11TH day of the month of MARCH of the year 2014 in the city of UNINC, 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. WESLEY WATERMAN
2. PROGRESSIVE, CLAIM# 141812330, PO BOX 512926, LOS ANGELES CA 90051

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 11TH day of the month of MARCH of the year 2014 and the 30TH day of the month of MARCH of the year 2014.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient MORGAN RUSSELL, 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 \$400,890.75 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 \$400,890.75, in which amount lien is hereby claimed.



State of Nevada }

} ss:

County of Washoe }

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

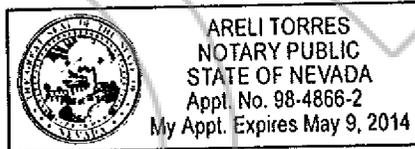
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.

  
\_\_\_\_\_  
Morgan Clendenen

On this 30<sup>th</sup> 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 30<sup>th</sup> day of the month of APRIL of the year 2014.

  
\_\_\_\_\_





RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

<b>Guarantor:</b>		<b>MORGAN RUSSELL</b>				
<b>Street:</b>		<b>215 EDGEWOOD DR.</b>				
<b>City:</b>		<b>TAHOE CITY</b>				
<b>State:</b>		<b>CA</b>				
<b>Zip:</b>		<b>96145</b>				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
03/11/2014	03/30/2014	MORGAN RUSSELL	4526172	\$400,890.75	\$0.00	\$400,890.75
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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