

NO APN

DOC # 842094
05/06/2014 01:43PM Deputy: SG
OFFICIAL RECORD
Requested By:
Cardon Outreach
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-514 PG-1154 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 TAYLOR GARCIA, a person who was injured on the 23RD day of the month of FEBRUARY of the year 2014 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. LIBERTY MUTUAL, CLAIM# 029145254-01, PO BOX 1052, MONTGOMERYVILLE PA 18936
2. KEVIN WILHITE, 18428 CENTER STREET, CASTRO VALLEY CA 94546
3. STEVEN WILHITE, 18428 CENTER STREET, CASTRO VALLEY CA 94546

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 23RD day of the month of FEBRUARY of the year 2014 and the 24TH day of the month of FEBRUARY of the year 2014.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient TAYLOR GARCIA, 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 \$34,284.25 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 \$34,284.25, 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:

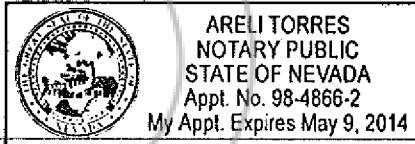
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.

Morgan Clendenen
Morgan Clendenen

On this 6th day of MAY 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 6th day of the month of MAY of the year 2014.

Areli Torres





RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		TAYLOR GARCIA				
Street:		24821 JOE MARY CT.				
City:		HAYWARD				
State:		CA				
Zip:		94541				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
02/23/2014	02/24/2014	TAYLOR GARCIA	4468228	\$34,284.25	\$0.00	\$34,284.25
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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