

NO APN

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06/11/2014 02:35PM Deputy: AR
OFFICIAL RECORD
Requested By:
Cardon Outreach
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-614 PG-2382 RPTT: 0.00



File & Return to:

Moses Chavez
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 **GEORGE N JAQUA**, a person who was injured on the 11th 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. ZENITH CLAIM #CABA2753 PO BOX 619083 ROSEVILLE, CA 95661

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 13TH day of the month of MARCH of the year 2014.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **GEORGE N JAQUA**, 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 **\$32,333.25** and that no part thereof has been paid except **\$13,228.25**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$19,105.00**, in which amount lien is hereby claimed.



RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		GEORGE N JAQUA				
Street:		PO BOX 2544				
City:		STATE LINE				
State:		NV				
Zip:		89449				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
3/11/2014	3/13/2014	GEORGE N JAQUA	4526190	\$32,333.25	\$13,228.25	\$19,105.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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