NO APN

File & Return to:

Moses Chavez Cardon Outreach 890 Mill Street, Suite 405 Reno, NV 89502 DOC # 844318
06/11/2014 02:35PM Deputy: AR
OFFICIAL RECORD
Requested By:
Cardon Outreach
Douglas County - NV
Karen Ellison - Recorder

BK-614 PG-2382 RPTT: 0.00

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Fee:

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 clapsed 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.

B P

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VERIFICATION

State of Nevada	}
	} ss:
County of Washoe	}

I, Moses Chavez 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.

Moses Chavez

On this _____ day of JUNE 2014, personally appeared before me, a Notary Public, Moses Chavez, 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 \(\frac{1}{2014} \) day of the month of JUNE of the year 2014.

M.

MORGAN CLENDENEN NOTARY PUBLIC STATE OF NEVADA Appt. No. 13-11535-2 My Appt. Expires May 5, 2017



BK 614 PG-2384

RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

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

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