

NO APN

DOC # 844673
06/19/2014 09:14AM Deputy: AR
OFFICIAL RECORD
Requested By:
Cardon Outreach
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-614 PG-4262 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 **CHELSEY L JOHN**, a person who was injured on the **25th day of the month of MAY 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. **FARMERS CLAIM #3000711465 PO BOX 268993 OKLAHOMA CITY, OK 73126**
2. **CRYSTAL PHILIPS 1395 S. RIVERVIEW 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 **25TH day of the month of MAY of the year 2014** and the **25TH day of the month of MAY of the year 2014**.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **CHELSEY L JOHN**, 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 **\$17,992.00** 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 **\$17,992.00**, in which amount lien is hereby claimed.

VERIFICATION



State of Nevada }

} ss:

County of Washoe }

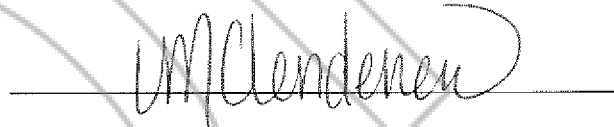
I, Moses Chavez being first duly sworn, on oath say:

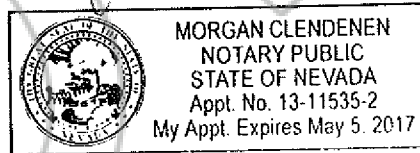
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.


Moses Chavez

On this 17th 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 17th day of the month of JUNE of the year 2014.







RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		CHELSEY L JOHN				
Street:		PO BOX 1164				
City:		MINDEN				
State:		NV				
Zip:		89423				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
5/25/2014	5/25/2014	CHELSEY L JOHN	4823819	\$17,992.00	\$0.00	\$17,992.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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