NO APN

DOUGLAS COUNTY, NV

Rec:\$16.00

\$16.00

Pgs=3

11/05/2014 12:07 PM

2014-852165

CARDON OUTREACH

KAREN ELLISON, RECORDER

File & Return to:

Areli Torres 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 MARIA GAMEROS, a person who was injured on the 13TH day of the month of JULY 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. HERTZ CLAIM# 05201434296, 2923 BRADLEY STREET, PASADENA CA 91107
- 2. JUN YIZE

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 13TH day of the month of JULY of the year 2014 and the 13TH day of the month of JULY of the year 2014.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient MARIA GAMEROS, 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 \$10,470.00 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 \$10,470.00, in which amount lien is hereby claimed.

VERIFICATION

	VENIFICATION	
State of Nevada	}	\wedge
	} ss:	()
County of Washoe	}	\ \
•	peing first duly sworn, on oath say:	
That RENOWN claim of lien, that I have	REGIONAL MEDICAL CENTER is the claimant hereing read the same and know the contents thereof and believe	n named in the foregoing the same to be true.
	Areli Torres	
21.3		
	day of OCTOBER 2014, personally appeared before note to be the person described n and who executed the fore GOONAL MEDICAL CENTER.	ne, a Notary Public, egoing instrument on
Subscribed and s	sworn to before me this <u>31</u> day of the month of 00	CTOBER of the year
2014.	M Clindenen	
	MORGAN CLÉNDENE NOTARY PUBLIC STATE OF NEVADA Appt. No. 13-11535-2 My Appt. Expires May 5, 2	

RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		MARIA GAME						
Street: 3944 CLEAR			ACRE LANE #254					
City: REN		RENO	RENO					
State:		NV						
Zip:		89512						
Admit Date	Discharge Da	te Patient's Name	Renown Health Account	Total Charges	Payments	Balance		
07/13/2014 07/1	07/13/2014	MARIA GAMEROS	4986457	\$10,470.00	\$0.00	\$10,470.00		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		

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