NO APN

DOUGLAS COUNTY, NV

Rec:\$16.00

\$16.00

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12/05/2014 03:34 PM

2014-853964

CARDON OUTREACH

KAREN ELLISON, RECORDER

File & Return to:

Dena Urso 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 JESSICA OLSEN, a person who was injured on the 17TH day of the month of OCTOBER 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. STATE FARM; CLAIM #28543F128; P O BOX 52282 PHOENIX AZ 85072

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 17TH day of the month of OCTOBER of the year 2014 and the 19TH day of the month of OCTOBER of the year 2014.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient JESSICA OLSEN, 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 \$77,529.25 and that no part thereof has been paid except \$0; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$77,529.25, in which amount lien is hereby claimed.

		/\
	VERIFICATION	\ \
State of Nevada	}	\ \
	} ss:	\\
County of Washoe	}	
I, Dena Urso being fi	rst duly sworn, on oath say:	\
That RENOWN REC	GIONAL MEDICAL CENTER is the claima the same and know the contents thereof and	ant herein named in the foregoing d believe the same to be true.
	Donalliso	
	Dena Urso	/
On this 5th day Dena Urso, known to me to be	y of DECEMBER 2014 , personally appeare e the person described n and who executed (ed before me, a Notary Public, the foregoing instrument on
behalf of RENOWN REGION	NAL MEDICAL CENTER.	
Subscribed and sworn	to before me this 5th day of the mor	nth of DECEMBER of the year
2014.	Morgan Clendenen	neu
	NOTARY STATE OF Aopt. No.	CLENDENEN (PUBLIC F NEVADA 13-11535-2 es May 5, 2017

RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		JESSICA OLS					
Street:		1940 PALOMINO LN					
City:		GARDNERVILLE					
State:		NV					
Zip:		89410					
Admit Date	Discharge Da	te Patient's Name	Renown Health Account	Total Charges	Payments	Balance	
10/17/2014	10/19/2014	JESSICA OLSEN	5362519	\$77,529.25	\$0	\$77,529.25	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	

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