

NO APN

DOUGLAS COUNTY, NV

**2015-857547**

Rec:\$16.00

\$16.00 Pgs=3

02/27/2015 02:12 PM

CARDON OUTREACH

KAREN ELLISON, RECORDER

File & Return to:

Dena Urso  
Cardon Outreach  
890 Mill St. Suite 405  
Reno, NV 89502

Supplemental Hospital Lien to Hospital Lien Docket # 2014-853964

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 17<sup>TH</sup> 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 17<sup>TH</sup> day of the month of **OCTOBER** of the year **2014** and the 19<sup>TH</sup> 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 **\$135,126.50** 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 **\$135,126.50**, in which amount lien is hereby claimed.

VERIFICATION

State of NEVADA }

} ss:

County of WASHOE }

I, Dena Urso being first duly sworn, on oath say:

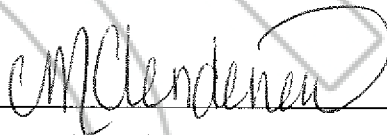
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.



\_\_\_\_\_  
Dena Urso

On this 27<sup>th</sup> day of FEBRUARY 2015, personally appeared before me, a Notary Public, Dena Urso, known to me to be the person described in and who executed the foregoing instrument on behalf of RENOWN REGIONAL MEDICAL CENTER.

Subscribed and sworn to before me this 27<sup>th</sup> day of the month of FEBRUARY of the year 2015.





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

RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

<b>Guarantor:</b>		<b>JESSICA OLSEN</b>				
<b>Street:</b>		<b>1940 PALOMINO LN</b>				
<b>City:</b>		<b>GARDNERVILLE</b>				
<b>State:</b>		<b>NV</b>				
<b>Zip:</b>		<b>89410</b>				
<b>Admit Date</b>	<b>Discharge Date</b>	<b>Patient's Name</b>	<b>Renown Health Account</b>	<b>Total Charges</b>	<b>Payments</b>	<b>Balance</b>
10/17/2014	10/19/2014	JESSICA OLSEN	5362519	\$135,126.50	\$0	\$135,126.50
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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