NO APN

DOUGLAS COUNTY, NV

Rec:\$16.00

\$16.00

Pgs=3

05/20/2015 03:21 PM

2015-862403

CARDON OUTREACH

KAREN ELLISON, RECORDER

File & Return to:

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

HOSPITAL LIEN ON <u>SETTLEMENT, JUDGMENT AND COMPROMISE</u> 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 JOHN DEWINDT, a person who was injured on the 1ST day of the month of APRIL of the year 2015 in the city of UNINCORPORATED, 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. NATIONWIDE; CLAIM #519008-GB; 1 NATIONWIDE GATEWAY DEPT 5576 DES MOINES IA 50391
- 2. REBECCA RODRIGUEZ; P O BOX 9185 S LAKE TAHOE CA 96158

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 1ST day of the month of APRIL of the year 2015 and the 3RD day of the month of APRIL of the year 2015.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient JOHN DEWINDT, 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 \$38,295.05 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 \$38,295.05, in which amount lien is hereby claimed.

	VERIFICATION
State of Nevada	}
	} ss:
County of Washoe	}
I, Dena Urso being first duly swo	orn, on oath say:
	EDICAL CENTER is the claimant herein named in the foregoing nd know the contents thereof and believe the same to be true.
	Dena Urso
1011	
On this \(\frac{\sqrt{1}^{1}\cdot \text{T}}{\text{Urso, known to me to be the person desc}} \) Urso, known to me to be the person desc RENOWN REGIONAL MEDICAL CENTRAL CENTRA	2015, personally appeared before me, a Notary Public, Dena ribed n and who executed the foregoing instrument on behalf of NTER.
Subscribed and sworn to before i	me this 10th day of the month of MAY of the year 2015.
	Morgan Clendenen
	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

Guarantor:		PATRICIA DEWINDT FOR JOHN DEWINDT						
Street:		2572 HEYBOU						
City:	ity: MINDEN							
State: NV		NV	VV					
Zip:		89423			1			
Admit Date	Discharge Da	te Patient's Name	Renown Health Account	Total Charges	Payments	Balance		
4/1/2015 4/3/201	4/3/2015	JOHN DEWINDT	6044525	\$38,295.05	\$0	\$38,295.05		
				\$	\$0	\$		
	-			\$	\$0	\$		
				\$	\$0	\$		
				\$	\$0	\$		

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