

NO APN

DOUGLAS COUNTY, NV **2015-867849**  
Rec:\$16.00  
\$16.00 Pgs=3 08/12/2015 11:25 AM  
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 **GARRET HOFFMAN**, a person who was injured on the **9TH day of the month of JUNE of the year 2015** 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. AAA CLAIM# 1000-96-6519, PO BOX 920, SUISUN CITY CA 94585
2. CLARENCE MOXLEY JR
3. DIANA MOXLEY

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 9TH day of the month of JUNE of the year 2015 and the 2ND day of the month of JULY of the year 2015.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **GARRET HOFFMAN**, 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 **\$182,653.34** 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 **\$182,653.34**, in which amount lien is hereby claimed.

VERIFICATION

State of Nevada }

} ss:

County of Washoe }

I, Areli Torres 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.

*Areli Torres*

\_\_\_\_\_  
Areli Torres

On this 10<sup>th</sup> day of AUGUST 2015, personally appeared before me, a Notary Public, Areli Torres, 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 10<sup>th</sup> day of the month of AUGUST 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

<b>Guarantor:</b>		<b>GARRET HOFFMAN</b>				
<b>Street:</b>		<b>1419 BUMBLEBEE LANE</b>				
<b>City:</b>		<b>GARDNERVILLE</b>				
<b>State:</b>		<b>NV</b>				
<b>Zip:</b>		<b>89460</b>				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
06/09/2015	07/02/2015	GARRET HOFFMAN	6439414	\$182,653.34	\$0.00	\$182,653.34
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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