

NO APN

DOUGLAS COUNTY, NV **2015-869007**
Rec:\$16.00
\$16.00 Pgs=3 09/01/2015 09:28 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 **DANIEL LAWLOR**, a person who was injured on the **28TH 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# 1000-99-6943, PO BOX 920, SUISUN CITY CA 94585**
2. **HARVINDER SINGH**

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 28TH day of the month of **JUNE** of the year **2015** and the 28TH day of the month of **JULY** of the year **2015**.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **DANIEL LAWLOR**, 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 **\$692,496.56** 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 **\$692,496.56**, 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 31st day of AUGUST 2015, personally appeared before me, a Notary Public, Areli Torres, 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 31st 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

Guarantor:		DANIEL LAWLOR				
Street:		44520 LOWTREE AVE.				
City:		LANCASTER				
State:		CA				
Zip:		93534				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
06/28/2015	07/28/2015	DANIEL LAWLOR	6621517	\$692,496.56	\$0.00	\$692,496.56
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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