

NO APN

DOUGLAS COUNTY, NV

2016-875236

Rec:\$16.00

\$16.00 Pgs=3

01/13/2016 08:30 AM

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 **JASON STEWART**, a person who was injured on the **27TH day of the month of NOVEMBER of the year 2015** in the city of MINDEN, 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. **PROGRESSIVE; CLAIM #155257532; 10509 PROFESSIONAL CIRCLE SUITE 203 RENO NV 89521**

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 27TH day of the month of NOVEMBER of the year 2015 and the 27TH day of the month of NOVEMBER of the year 2015.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **JASON STEWART**, 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 **\$23,794.00** 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 **\$23,794.00**, 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.



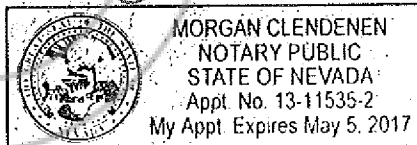
Dena Urso

On this 12 day of **JANUARY 2016**, personally appeared before me, a Notary Public, Dena Urso, 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 12 day of the month of **JANUARY** of the year 2016.



Morgan Clendenen



RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		JASON STEWART				
Street:		43345 CORTE BARBASTE				
City:		TEMECULA				
State:		CA				
Zip:		92592				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
11/27/2015	11/27/2015	JASON STEWART	7756237	\$23,794.00	\$0	\$23,794.00
				\$	\$0	\$
				\$	\$0	\$
				\$	\$0	\$
				\$	\$0	\$

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