

**RECORDING COVER PAGE**

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(11 digit Assessor's Parcel Number may be obtained at: <http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

**TITLE OF DOCUMENT**  
(DO NOT Abbreviate)

**HOSPITAL LIEN**

**Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.**

**RECORDING REQUESTED BY:**

MED DATA

**RETURN TO: Name** MED DATA

**Address** 25700 INTERSTATE 45 N STE 300

**City/State/Zip** THE WOODLANDS, TX 77386

**MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\FORMS & NOTICES\Cover Page Template Oct2017

HOSPITAL LIEN

Notice is hereby given that Renown Regional Medical Center has rendered services in hospitalization for Mario Leon , a person who was injured on 10/23/2020, 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 NATIONWIDE, Claim no(s) 185242GL, 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 10/23/2020 and 10/23/2020.

Attached please find "Exhibit A" as an Itemized Statement of Charges.

*That 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 \$ 27,961.25, 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 \$ 27,961.25, in which amount lien is hereby claimed.*

Renown Regional Medical Center, Claimant.

By: Wendy Schoenfeld

Wendy Schoenfeld  
TPL Specialist, Med-Data, Incorporated  
Agent for Renown Regional Medical Center

ACKNOWLEDGMENT

STATE OF TEXAS  
COUNTY OF MONTGOMERY

I, Wendy Schoenfeld, being first duly sworn, on oath say:

That I am Wendy Schoenfeld, 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.

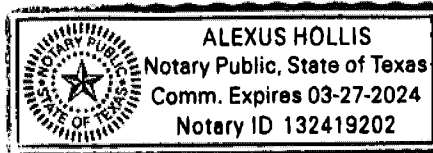
Wendy Schoenfeld  
Wendy Schoenfeld

Signed and subscribed before me on 12/24/2020

Alexus Hollis

Alexus Hollis  
Notary Public, State of Texas  
My commission expires: 3/27/2024

Please return original to:  
Med-Data, Incorporated  
25700 Interstate 45 Ste 300  
The Woodlands, Texas 77386



**Renown Regional Medical Center**

EXHIBIT "A"

**INVOICE**

<b>Guarantor:</b>	<b>MARIO LEON</b>					
<b>Street:</b>	<b>17007 Sherman Way</b>					
<b>City:</b>	<b>Van Nuys</b>					
<b>State:</b>	<b>CA</b>					
<b>Zip:</b>	<b>91406</b>					
<b>Admit Date</b>	<b>Discharge Date</b>	<b>Patient's Name</b>	<b>Renown Regional Medical Center Account</b>	<b>Total Charges</b>	<b>Payments</b>	<b>Balance</b>
10/23/2020	10/23/2020	Mario Leon	21227928	\$27,961.25	\$0.00	\$27,961.25

Renown Regional Medical Center  
Business Office  
PO BOX 30006  
RENO, NV 89520

