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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)

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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 Aurora Larson , a person who was injured on 6/21/2021, 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 Progressive Auto Insurance, Claim no(s) 212545001, 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 6/21/2021 and 6/21/2021.

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 \$ 16,625.00, 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 \$ 16,625.00, in which amount lien is hereby claimed.

Renown Regional Medical Center, *Claimant.*

By: *Deneeka D Hunter*
Deneeka D Hunter
TPL Specialist, Med-Data, Incorporated
Agent for Renown Regional Medical Center

ACKNOWLEDGMENT

STATE OF TEXAS
COUNTY OF MONTGOMERY

I, Deneeka D Hunter, being first duly sworn, on oath say:

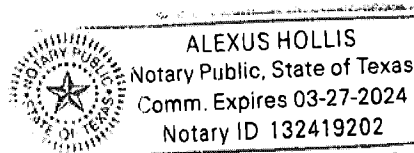
That I am Deneeka D Hunter, named in the foregoing claim of lien; that I have read the same and know the contents thereof and believe the same to be true.

Signed and subscribed before me on 08/30/2021

Deneeka D Hunter
Deneeka D Hunter

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

Guarantor:	CHELSEA POPLAN					
Street:	1057 Chip Ct					
City:	Minden					
State:	NV					
Zip:	89423					
Admit Date	Discharge Date	Patient's Name	Renown Regional Medical Center Account	Total Charges	Payments	Balance
6/21/2021	6/21/2021	Aurora Larson	23610685	\$16,625.00	\$0.00	\$16,625.00

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