

SUPPLEMENTAL HOSPITAL LIEN

WASHOE MEDICAL CENTER  
A NON-PROFIT NEVADA CORPORATION  
MILL AND KIRMAN  
RENO, NEVADA

(N.R.S. 108.590, et. seq.)

NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has rendered services in hospitalization for MARY A. ZESIGER, a person who was injured on the 27th day of July, 1990, in the County of Eureka, State of Nevada, on or about the 27th day of July, 1990, and that WASHOE MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from any other person or persons, corporation or association liable for the injury alleged to have caused the injury, or liable for payment of the expenses herein incurred, said parties being the following:

ALLSTATE INSURANCE COMPANY  
RELIANCE UNITED PACIFIC INSURANCE COMPANY

The hospitalization was rendered to the injured party between July 27, 1990 through August 20, 1990, Account Number [REDACTED]

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient MARY A. ZESIGER, 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; and that the claimant's demands for such care or services is in the sum of TWENTY-FOUR THOUSAND EIGHT HUNDRED AND SEVENTY DOLLARS AND 96/100S (\$24,870.96), and no part thereof has been paid; and that there is now due and owing and remaining of such sum of TWENTY-FOUR THOUSAND EIGHT HUNDRED AND SEVENTY DOLLARS AND 96/100S (\$24,870.96), deducting credits and offsets, with interest at the rate of Eighteen Percent (18%) per annum commencing Thirty (30) days from date of discharge, in which amount lien is hereby claimed.

WASHOE MEDICAL CENTER  
A Non-profit Nevada Corporation

By *[Signature]*  
RAY WHITE, Legal Coordinator

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Keith S.K. Ching  
Attorney at Law  
One East Liberty Street, Suite 510  
Reno, Nevada 89501  
(702) 786-1161

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Keith S.K. Ching  
Attorney at Law  
One East Liberty Street, Suite 510  
Reno, Nevada 89501  
(702) 786-1161

STATE OF NEVADA )  
COUNTY OF WASHOE )  
ss: )

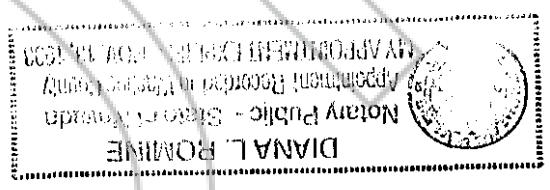
I, RAY WHITE, being first duly sworn, under penalty of perjury, deposes and says:

That Washoe Medical Center is the claimant herein named in the foregoing claim of lien; that he has read the same and knows the contents thereof; that the same is true to the best of his knowledge, except as to those matters therein contained on information and belief, and as to those matters he believes them to be true.

Under penalty of perjury, your affiant swears that the above is true and correct.

*Ray White*  
RAY WHITE, Legal Coordinator

SUBSCRIBED and SWORN to before me this 8 day of October, 1978.  
*Diana L. Romine*  
NOTARY PUBLIC



WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO NV 89520  
 PATIENT CONTROL NUMBER 4 TYPE OF BILL

10 PATIENT'S LAST NAME 702-328-4130  
 11 PATIENT'S ADDRESS 1001 EAST 300 SQU CAYSVILLE  
 12 BIRTH DATE  
 13 SEX M  
 14 N.P.A. F  
 15 DATE 07-27-90  
 16 HR. 17 TIME 18 AM.

19 A.M. 20 D.H. 21 STAT. 22 STATEMENT COVERS PERIOD  
 23 COVD 24 N-CID 25 CID 26 I.A.D. 27  
 28 OCCURRENCE 29 OCCURRENCE 30 OCCURRENCE 31 OCCURRENCE 32 OCCURRENCE 33  
 34 DATE 01-07-27-90 35 DATE 01-07-27-90 36 DATE 01-07-27-90 37 DATE 01-07-27-90 38 DATE 01-07-27-90  
 39 FROM THROUGH 40 FROM THROUGH 41 FROM THROUGH 42 FROM THROUGH 43 FROM THROUGH 44 FROM THROUGH  
 45 BLOOD RECORD (INTS) 46 FURN 47 REM 48 NOT RE. 49 DET. 50 PROD. 51  
 52 T.C. = C 53 PT = P 54 VALUE 55 AMT 56 CD 57 VALUE 58 AMT 59 CD 60 VALUE

61 AMT 42900 62 CD 01 63 VALUE 64 AMT 65 CD 66  
 67 FROM 68 THROUGH 69 FROM 70 THROUGH 71 FROM 72 THROUGH 73 FROM 74 THROUGH 75 FROM 76 THROUGH 77 FROM 78 THROUGH 79 FROM 80 THROUGH

81 AMT 2487096 82 CD 01 83 VALUE 84 AMT 85 CD 86  
 87 FROM 88 THROUGH 89 FROM 90 THROUGH 91 FROM 92 THROUGH 93 FROM 94 THROUGH 95 FROM 96 THROUGH 97 FROM 98 THROUGH 99 FROM 100 THROUGH

101 AMT 2487096 102 CD 01 103 VALUE 104 AMT 105 CD 106  
 107 FROM 108 THROUGH 109 FROM 110 THROUGH 111 FROM 112 THROUGH 113 FROM 114 THROUGH 115 FROM 116 THROUGH 117 FROM 118 THROUGH 119 FROM 120 THROUGH

121 AMT 2487096 122 CD 01 123 VALUE 124 AMT 125 CD 126  
 127 FROM 128 THROUGH 129 FROM 130 THROUGH 131 FROM 132 THROUGH 133 FROM 134 THROUGH 135 FROM 136 THROUGH 137 FROM 138 THROUGH 139 FROM 140 THROUGH

141 AMT 2487096 142 CD 01 143 VALUE 144 AMT 145 CD 146  
 147 FROM 148 THROUGH 149 FROM 150 THROUGH 151 FROM 152 THROUGH 153 FROM 154 THROUGH 155 FROM 156 THROUGH 157 FROM 158 THROUGH 159 FROM 160 THROUGH

161 AMT 2487096 162 CD 01 163 VALUE 164 AMT 165 CD 166  
 167 FROM 168 THROUGH 169 FROM 170 THROUGH 171 FROM 172 THROUGH 173 FROM 174 THROUGH 175 FROM 176 THROUGH 177 FROM 178 THROUGH 179 FROM 180 THROUGH

181 AMT 2487096 182 CD 01 183 VALUE 184 AMT 185 CD 186  
 187 FROM 188 THROUGH 189 FROM 190 THROUGH 191 FROM 192 THROUGH 193 FROM 194 THROUGH 195 FROM 196 THROUGH 197 FROM 198 THROUGH 199 FROM 200 THROUGH

201 AMT 2487096 202 CD 01 203 VALUE 204 AMT 205 CD 206  
 207 FROM 208 THROUGH 209 FROM 210 THROUGH 211 FROM 212 THROUGH 213 FROM 214 THROUGH 215 FROM 216 THROUGH 217 FROM 218 THROUGH 219 FROM 220 THROUGH

221 AMT 2487096 222 CD 01 223 VALUE 224 AMT 225 CD 226  
 227 FROM 228 THROUGH 229 FROM 230 THROUGH 231 FROM 232 THROUGH 233 FROM 234 THROUGH 235 FROM 236 THROUGH 237 FROM 238 THROUGH 239 FROM 240 THROUGH

241 AMT 2487096 242 CD 01 243 VALUE 244 AMT 245 CD 246  
 247 FROM 248 THROUGH 249 FROM 250 THROUGH 251 FROM 252 THROUGH 253 FROM 254 THROUGH 255 FROM 256 THROUGH 257 FROM 258 THROUGH 259 FROM 260 THROUGH

261 AMT 2487096 262 CD 01 263 VALUE 264 AMT 265 CD 266  
 267 FROM 268 THROUGH 269 FROM 270 THROUGH 271 FROM 272 THROUGH 273 FROM 274 THROUGH 275 FROM 276 THROUGH 277 FROM 278 THROUGH 279 FROM 280 THROUGH

281 AMT 2487096 282 CD 01 283 VALUE 284 AMT 285 CD 286  
 287 FROM 288 THROUGH 289 FROM 290 THROUGH 291 FROM 292 THROUGH 293 FROM 294 THROUGH 295 FROM 296 THROUGH 297 FROM 298 THROUGH 299 FROM 300 THROUGH

301 AMT 2487096 302 CD 01 303 VALUE 304 AMT 305 CD 306  
 307 FROM 308 THROUGH 309 FROM 310 THROUGH 311 FROM 312 THROUGH 313 FROM 314 THROUGH 315 FROM 316 THROUGH 317 FROM 318 THROUGH 319 FROM 320 THROUGH

321 AMT 2487096 322 CD 01 323 VALUE 324 AMT 325 CD 326  
 327 FROM 328 THROUGH 329 FROM 330 THROUGH 331 FROM 332 THROUGH 333 FROM 334 THROUGH 335 FROM 336 THROUGH 337 FROM 338 THROUGH 339 FROM 340 THROUGH

341 AMT 2487096 342 CD 01 343 VALUE 344 AMT 345 CD 346  
 347 FROM 348 THROUGH 349 FROM 350 THROUGH 351 FROM 352 THROUGH 353 FROM 354 THROUGH 355 FROM 356 THROUGH 357 FROM 358 THROUGH 359 FROM 360 THROUGH

361 AMT 2487096 362 CD 01 363 VALUE 364 AMT 365 CD 366  
 367 FROM 368 THROUGH 369 FROM 370 THROUGH 371 FROM 372 THROUGH 373 FROM 374 THROUGH 375 FROM 376 THROUGH 377 FROM 378 THROUGH 379 FROM 380 THROUGH

381 AMT 2487096 382 CD 01 383 VALUE 384 AMT 385 CD 386  
 387 FROM 388 THROUGH 389 FROM 390 THROUGH 391 FROM 392 THROUGH 393 FROM 394 THROUGH 395 FROM 396 THROUGH 397 FROM 398 THROUGH 399 FROM 400 THROUGH

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS  
 77 PRIN CODE  
 78 OTHER DIAGNOSES CODES  
 79 EMPLOYER NAME  
 80 EMPLOYEE ID  
 81 EMPLOYER LOCATION  
 82 OTHER PHYSICIAN ID  
 83 ATTENDING PHYSICIAN ID  
 84 OTHER PHYSICIAN ID

85 EST. AMOUNT DUE  
 86 PRIOR PAYMENTS  
 87 EST. RESPONSIBILITY  
 88 CO-INSURANCE  
 89 DEDUCTIBLE  
 90 PATIENT NAME  
 91 SEX  
 92 PREL  
 93 CERT. SSN-HIC-IO NO.  
 94 GROUP NAME  
 95 INSURANCE GROUP NO.  
 96 INSURED'S NAME  
 97 ESC  
 98 EMPLOYER NAME  
 99 EMPLOYEE ID  
 100 EMPLOYER LOCATION

101 PRINCIPAL AND OTHER PROCEDURE DESCRIPTIONS  
 102 PRIN CODE  
 103 OTHER PROCEDURE  
 104 OTHER PROCEDURE  
 105 DATE  
 106 CD  
 107 DATE  
 108 CD  
 109 DATE  
 110 CD

111 TREATMENT AUTH  
 112 APP. THROUGH  
 113 CD  
 114 AMT REIMBURSED  
 115 N-PRN CD  
 116 APPROV BY  
 117 DATE APPROV  
 118 PROVIDER REPRESENTATIVE X  
 119 DATE  
 120 CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

121 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS  
 122 PRIN CODE  
 123 OTHER PROCEDURE  
 124 OTHER PROCEDURE  
 125 DATE  
 126 CD  
 127 DATE  
 128 CD  
 129 DATE  
 130 CD

131 TREATMENT AUTH  
 132 APP. THROUGH  
 133 CD  
 134 AMT REIMBURSED  
 135 N-PRN CD  
 136 APPROV BY  
 137 DATE APPROV  
 138 PROVIDER REPRESENTATIVE X  
 139 DATE  
 140 CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

141 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS  
 142 PRIN CODE  
 143 OTHER PROCEDURE  
 144 OTHER PROCEDURE  
 145 DATE  
 146 CD  
 147 DATE  
 148 CD  
 149 DATE  
 150 CD

151 TREATMENT AUTH  
 152 APP. THROUGH  
 153 CD  
 154 AMT REIMBURSED  
 155 N-PRN CD  
 156 APPROV BY  
 157 DATE APPROV  
 158 PROVIDER REPRESENTATIVE X  
 159 DATE  
 160 CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

161 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS  
 162 PRIN CODE  
 163 OTHER PROCEDURE  
 164 OTHER PROCEDURE  
 165 DATE  
 166 CD  
 167 DATE  
 168 CD  
 169 DATE  
 170 CD

ALSTATE Insurance Company, 1650 East 5700 South  
 Ogden, UT 84403  
 ORDER, DT. 8/1/93  
 EXHIBIT "A" BOOK 215 PAGE 358  
 YOUNG NORMAN N124241  
 YOUNG NORMAN N124241  
 YOUNG NORMAN N124241

AMISC INS 999  
 PRUDENTIAL P30  
 AMSC INS 999  
 PRUDENTIAL P30  
 AMSC INS 999  
 PRUDENTIAL P30

ROOM-BOARD/PVT 345.00  
 ROOM-GUARD/SEMI 330.00  
 SPECIAL CHARGES 220  
 PHARMACY 450  
 PHARMACY 450  
 DRUGS/TAKEHOME 257  
 DRUGS/TAKEHOME 257  
 STERILE SUPPLY 272  
 STERILE SUPPLY 272  
 PROCTH/ORTH DEV 274  
 LABORATORY 300  
 DX X-RAY 320  
 CT SCAN 350  
 BLOOD/ADMIN 391  
 RESPIRATORY SVC 410  
 PHYSICAL THERP 420  
 PHYSICAL THERP 420  
 PHYSIC ROOM 450  
 EXG/ECC 730  
 RAD FEE 960

TOTAL CHARGE 001  
 2487096  
 2487096  
 2487096  
 2487096

UB-82 HCA-1450 PAYER COPY  
 8-28-90  
 PROVIDER REPRESENTATIVE X  
 CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

BOOK 215 PAGE 354



COPY

BOOK 215 PAGE 351  
RECORDED AT THE REQUEST OF  
Keith S.K. Ching  
90 OCT 11 P4:44  
EUREKA COUNTY, NEVADA  
M.N. REBALCATT, RECORDER  
FILE NO. 134018