

1 HOSPITAL LIEN  
2 ON SETTLEMENT, JUDGMENT, AND COMPROMISE

3 WASHOE MEDICAL CENTER  
4 A NON-PROFIT NEVADA CORPORATION  
5 MILL AND KIRMAN  
6 RENO, NEVADA

7 (NRS 108.590, through 108.660 et. seq.)

8 NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has  
9 rendered services in hospitalization for HENDRIK DEGELDER, a  
10 person who was injured on the 5th day of September, 1996, in the  
11 County of Eureka, State of Nevada, and that WASHOE MEDICAL CENTER  
12 hereby claims a lien upon any money due or owing or any claim for  
13 compensation, damages, contribution, settlement or judgment from  
14 any other person or persons, corporation or association alleged to  
15 have caused the injury, or liable for the injury or payment of the  
16 expenses herein incurred, said parties being the following:

17 PACZOLI INSURANCE

18 The hospitalization was rendered to the injured party between  
19 September 5, 1996, through September 14, 1996, Account Number  
20 [REDACTED]

21 ITEMIZED STATEMENT

22 For hospitalization and related medical services rendered to  
23 the patient HENDRIK DEGELDER in accordance with the itemized  
24 statement attached hereto as Exhibit "A" and by this reference  
25 made a part hereof.

26 That ninety (90) days have not elapsed since the termination  
27 of hospitalization; and that the claimant's demands for such care  
28 or services are in the sum of THIRTY THOUSAND ONE HUNDRED SEVENTY  
SIX DOLLARS and 01/100 (\$30,176.01), after deducting credits and  
offsets, with interest at the rate of Eighteen percent (18%) per  
annum commencing thirty (30) days from the date of discharge, in  
which amount lien is hereby claimed.

DATED this 24th day of October, 1996.

DURNEY, BRENNAN & SHEA

By: Terrance Shea  
TERRANCE SHEA

DURNEY, BRENNAN & SHEA  
ATTORNEYS AT LAW  
3500 LAKESIDE COURT, SUITE 145  
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PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA


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**VERIFICATION**

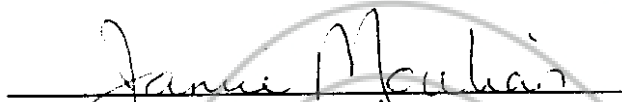
STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF WASHOE    )

I, TERRANCE SHEA, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

That WASHOE MEDICAL CENTER is the claimant herein named in the foregoing claim of lien; that I have read the same and know the contents thereof; that the same is true to the best of my knowledge, except as to those matters therein contained on information and belief, and as to those matters, I believe them to be true.

  
TERRANCE SHEA

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 24<sup>th</sup> DAY OF OCTOBER, 1996.

  
Notary Public



jm\lien

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130		2	3 PATIENT CONTROL NO.				4 TYPE OF BILL 111
5 FED. TAX NO. 88-0213754	6 STATEMENT COVERS PERIOD FROM 090596	7 COVD. 091496	8 N-C.D. 9	9 C-I.D.	10 L-R.D.	11	

12 PATIENT NAME DE GELDER, HENDRIK J	13 PATIENT ADDRESS 1467 ALGONQUIN, DES PLAINES IL 89502
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14 BIRTHDATE 12281944	15 SEX M	16 MS M	17 DATE 090596	18 HR 21	19 TYPE 1	20 SRC 7	21 D HR 16	22 STAT 01	23 MEDICAL RECORD NO. 0782043	24 CONDITION CODES 25 26 27 28 29 30 31		
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32 OCCURRENCE CODE 01	33 OCCURRENCE DATE 090596	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE FROM	37 OCCURRENCE THROUGH
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38 HENDRIK J DE GELDER 1467 ALGONQUIN DES PLAINES, IL 89502			39 VALUE CODES 01	40 VALUE CODES AMOUNT 51300	41 VALUE CODES	42 VALUE CODES AMOUNT
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	120 ROOM-BOARD/SEMI	513.00		5	256500		
2	200 INTENSIVE CARE OR (ICU)	997.00		4	398800		
3	222 TECH SUPPT CHG			4	26160		
4	250 PHARMACY			146	293641		
5	255 DRUGS/INCIDENT RAD			1	25564		
6	272 STERILE SUPPLY			93	628816		
7	300 LABORATORY			28	212655		
8	320 DX X-RAY			23	406206		
9	350 CT SCAN			6	315655		
10	410 RESPIRATORY SVC			37	211979		
11	450 EMERG ROOM			3	44942		
12	460 PULMONARY FUNC			25	175651		
13	730 EKG/ECG			2	17086		
14	960 PRO FEE			2	3946		
23	001 TOTAL CHARGES				3017601		

50 PAYER BC OTHER 410	51 PROVIDER NO. CC6040	52 REF. INFO Y	53 ASC. ELN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57 DUE FROM PATIENT

58 INSURED'S NAME DE GELDER, HENDRIK J	59 P.REL 01	60 CERT. - BSN - HIC. - ID NO.	61 GROUP NAME ELECTROMOTIVE	62 INSURANCE GROUP NO.
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63 TREATMENT AUTHORIZATION CODES NTYFD GLORIA	64 ESC 1	65 EMPLOYER NAME ELECTROMOTIVE DIV OF	66 EMPLOYER LOCATION
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67 PRIN. DIAG. CD. 8600	68 CODE 486	69 CODE 5990	70 CODE 80702	71 CODE 9587	72 CODE 81109	73 CODE 04104	74 CODE	75 CODE	76 ADM. DIAG. CD. 8600	77 E-CODE	78 094
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79 P.C. 9	80 PRINCIPAL PROCEDURE CODE 0391	81 OTHER PROCEDURE CODE A	82 ATTENDING PHYS. ID PLECHA EDWARD J
	80 PRINCIPAL PROCEDURE DATE 090796	81 OTHER PROCEDURE DATE	83 OTHER PHYS. ID WESELY ANDREW C
	80 OTHER PROCEDURE DATE	81 OTHER PROCEDURE DATE	83 OTHER PHYS. ID B

84 REMARKS HMO ILLINOIS P O BOX 1364 CHICAGO, IL 60690	EXHIBIT A BOOK 303 PAGE 201	SVC = ORT FC = C PT = S	85 PROVIDER REPRESENTATIVE X	86 DATE 092096
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BOOK 303 PAGE 199  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Durney, Brennan + Shea*  
96 NOV -1 PM 1:13

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. **164996** FEES 10.00

COPY

BOOK 303 PAGE 202