

NO APN

**DOC# 220307**  
04/25/2012 11:24AM

**Official Record**

Requested By  
CARDON OUTREACH

**Eureka County - NV**

**Mike Rebaleati - Recorder**

Page: 1 of 3 Fee: \$16.00

Recorded By FS RPTT: \$0.00

Book- 0531 Page- 0105



0220307

File & Return to:

STEPHANIE DONAHUE  
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 **GUILLERMO PUCUHUARANGA**, a person who was injured on the **20TH** month of **DECEMBER** of the year 2011 in the city of **APPROX 19 MILES N OF HIGHWAY 50 ON 3 BARS ROAD**, county of **EUREKA**, 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. **NATIONWIDE MUTUAL INSURANCE COMPANY**  
**CLAIM# 84U86996**  
**PO BOX 5190 DENVER, CO 80217-5190**
2. **GARY SNOW LIVESTOCK AND GRAIN**  
**500 DEPP ROAD FALLON, NV 89406**

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 **20TH** day of the month of **DECEMBER** of the year 2011 and the **27<sup>TH</sup>** day of the month of **JANUARY** of the year 2012.

**ITEMIZED STATEMENT**

Hospitalization and related medical services were rendered to the patient **TINIA MERKIN ROCHE**, 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 **\$285,433.10** and that no part thereof has been paid except **\$5,000.00**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$280,601.10**, in which amount lien is hereby claimed.

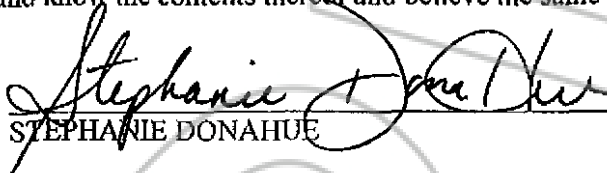
**VERIFICATION**

State of NEVADA


County of EUREKA

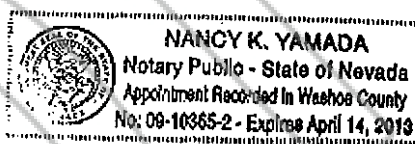
I, STEPHANIE DONAHUE being first duly sworn, on oath say:

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.

  
STEPHANIE DONAHUE

On this 25th day of APRIL 2012, personally appeared before me, a Notary Public, STEPHANIE DONAHUE, known to me to be the person described in and who executed the foregoing instrument on behalf of RENOWN REGIONAL MEDICAL CENTER.

  
Notary Public in and for WASHOE, NV



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RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		GUILLERMO PUCUHUARANGA				
Street:		PO BOX 1093				
City:		EUREKA				
State:		NV				
Zip:		89316				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
12/20/2011	01/27/2012	GUILLERMO PUCUHUARANGA		\$285,433.10	\$5,000	\$280,601.10
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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



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