

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 SNOWN 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 **27TH** 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.

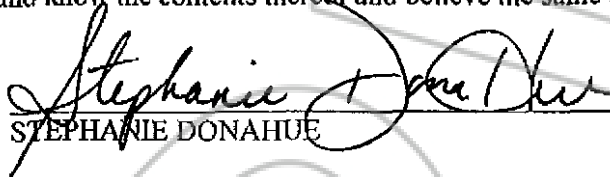
VERIFICATION

State of NEVADA

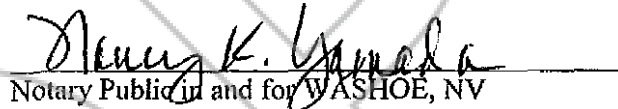
County of EUREKA

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



220307

Book: 531 04/25/2012
Page: 106 2 of 3

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



220307

Book: 531 04/25/2012
Page: 107 3 of 3