

File & Return to:

STEPHANIE DONAHUE  
Cardon Outreach  
890 MILL ST. STE 405  
RENO, NV 89502

**DOC# 223854**

03/05/2013

08:03AM

**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- 0548 Page- 0022



**HOSPITAL LIEN ON 0223854**  
**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 **EARL MCLAREN**, a person who was injured on the **10TH** day of the month of **January** of the year **2013**, 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. PROGRESSIVE INSURANCE, PO BOX 512926, LOS ANGELES, CA, 90051
2. ALACRAN TRUCKING, 1158 WEST GLENN CT, PORTERVILLE, CA, 93257
3. JOSEFINA ORTEGA GAMBOA, 10520 JACKSON AVENUE, SOUTH GATE, CA, 90280
4. IGNACIO FUENTES GARCIA, 1457 N. GELLAH, LINDSAY, CA, 93247

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 10<sup>th</sup> day of the month of January of the year 2013 and still inhouse.

**ITEMIZED STATEMENT**

Hospitalization and related medical services were rendered to the patient, **EARL MCLAREN** 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 **\$539,978.00** and that no part thereof has been paid except **\$0**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$539,978.00**, in which amount lien is hereby claimed.

VERIFICATION

State of NEVADA

}

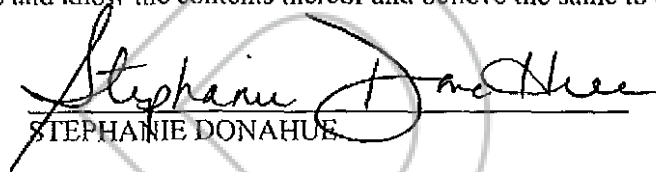
} ss:

County of WASHOE

}

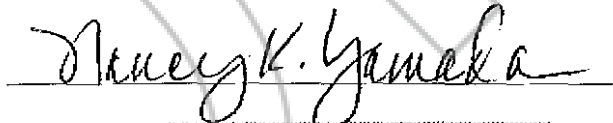
I, STEPHANIE DONAHUE, being first duly sworn, on oath say:

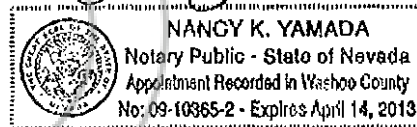
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.

  
STEPHANIE DONAHUE

On this 4<sup>th</sup> day of March, 2013, 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.

Subscribed and sworn to before me this 4<sup>th</sup> day of the month of March of the year 2013.





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RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

<b>Guarantor:</b>		<b>EARL MCLAREN</b>				
<b>Street:</b>		<b>1425 Aultman St.</b>				
<b>City:</b>		<b>Ely</b>				
<b>State:</b>		<b>NV</b>				
<b>Zip:</b>		<b>89301</b>				
<b>Admit Date</b>	<b>Discharge Date</b>	<b>Patient's Name</b>	<b>Renown Health Account</b>	<b>Total Charges</b>	<b>Payments</b>	<b>Balance</b>
01/10/2013	Still Inhouse	EARL MCLAREN		\$539,978.00	\$0	\$539,978.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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



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