

NO APN

DOC# 227024

03/03/2014

03:01PM

Official Record

Requested By
CARDON OUTREACH

Eureka County - NV

Mike Rebaletti - Recorder

Page: 1 of 3 Fee: \$16.00

Recorded By LH RPTT: \$0.00

Book- 0563 Page- 0224



0227024

File & Return to:

Areli Torres
Cardon Outreach
890 Mill St. Suite 405
Reno, NV 89502

Supplemental Hospital Lien to Hospital Lien Docket # 224200

**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 **EARL D. MCLAREN III**, a person who was injured on the 10TH day of the month of **JANUARY** of the year **2013** in the 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 CLAIM # 13-1601499, 400 N. STEPHANIE ST. FLOOR 4, HENDERSON, NV 89014**
2. **GUSTAVO SALAZAR LOPEZ, 1158 W. GLENN CT. PORTERVILLE CA 93257**
3. **ALACRAN TRUCKING, 363 E. KANAI APT C. PORTERVILLE CA 93257**
4. **IGNACIO FUENTES GARCIA, 1457 N. BELLAH, 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 10TH day of the month of **JANUARY** of the year 2013 and the 27TH day of the month of **JULY** of the year 2013.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **EARL D. MCLAREN III**, 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 **\$591,698.50** 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 **\$591,698.50**, in which amount lien is hereby claimed.

VERIFICATION

State of NEVADA

}

} ss:

County of WASHOE

}

I, Areli Torres 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.

Areli Torres

Areli Torres

On this 3rd day of March 2014, personally appeared before me, a Notary Public, Areli Torres, 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 3rd day of the month of March of the year 2014.

Morgan Clendenen



MORGAN CLENDENEN
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 13-11535-2
My Appt. Expires May 5, 2017



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RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		EARL D. MCLAREN III				
Street:		PO BOX 3986				
City:		CARSON CITY				
State:		NV				
Zip:		89702				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
1.10.2013	3.2.2013	EARL D. MCLAREN III		\$544,359.00	\$0	\$544,359.00
1.10.2013	3.2.2013	EARL D. MCLAREN III		\$354.00	\$0	\$354.00
4.22.2013	4.22.2013	EARL D. MCLAREN III		\$11,610.00	\$0	\$11,610.00
4.30.2013	4.30.2013	EARL D. MCLAREN III		\$6,925.50	\$0	\$6,925.50
7.22.2013	7.27.2013	EARL D. MCLAREN III		\$28,450.00	\$0	\$28,450.00

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



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