

NO APN

DOC# 229208

03/18/2015

01:36PM

Official Record

Requested By
CARDON OUTREACH

Eureka County - NV

Sara Simmons - Recorder

Page: 1 of 3 Fee: \$41.00

Recorded By LH RPTT: \$0.00

Book- 0577 Page- 0297



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File & Return to:

Areli Torres
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 **TYEREL GODDARD**, a person who was injured on the 14TH day of the month of **JANUARY** of the year 2015 in the city of **CRESCENT VALLEY**, 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# [REDACTED], PO BOX 512926, LOS ANGELES CA 90051**

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 14TH day of the month of **JANUARY** of the year 2015 and the 23RD day of the month of **JANUARY** of the year 2015.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **TYEREL GODDARD**, 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 **\$86,599.06** and that no part thereof has been paid except **\$0.00**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$86,599.06**, 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 12th day of MARCH 2015, 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 12th day of the month of MARCH of the year 2015.

Morgan Clendenen



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RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		TYEREL GODDARD				
Street:		536 MORSE LANE #16				
City:		ELKO				
State:		NV				
Zip:		89801				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
01/14/2015	01/23/2015	TYEREL GODDARD	██████████	\$86,599.06	\$0.00	\$86,599.06
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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



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