NO APN

File & Return to:

Areli Torres Cardon Outreach 890 Mill Street, Suite 405 Reno, NV 89502 DOC# 229686

Official Record

Requested By CARDON OUTREACH

Eureka County - NV Sara Simmons - Recorder

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# 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 CHRISTOPHER NAGLE, a person who was injured on the 1ST day of the month of MAY of the year 2015 in the city of EUREKA, 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. TRAVELERS CLAIM# 157704, PO BOX 173798, DENVER CO 80217
- 2. JODY HUNTER

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 1ST day of the month of MAY of the year 2015 and the 7TH day of the month of MAY of the year 2015.

#### ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient CHRISTOPHER NAGLE, 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 \$121,454.53 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 \$121,454.53, 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.

On this \_\_\_\_\_ day of JUNE 2015, personally appeared before me, a Notary Public, Areli Torres, known to me to be the person described n and who executed the foregoing instrument on behalf of RENOWN REGIONAL MEDICAL CENTER.

Subscribed and sworn to before me this 3040 day of the month of JUNE of the year 2015.

MORGAN CLENDENEN STATE OF NEVADA Appt. No. 13-11535-2 My Appl. Expires May 5, 201

### RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

## **INVOICE**

					100000	
Guarantor:		CHRISTOPHER N	AGLE			
Street:		100 PARK FIELD TERRACE #28 FENTON				
City:						
State:		MO				
Zip:		63026				
Admit Date	Discharge Date	e Patient's Name	Renown Health Account	Total Charges	Payments	Balance
05/01/2015	05/07/2015	CHRISTOPHER NAGLE		\$121,454.53	\$0.00	\$121,454.53
				\$ /	\$	\$
		,		\$	\$	\$
			1	\$	\$	\$
				\$	\$	\$

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

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