

NO APN

**DOC# 229698**

07/28/2015

02:42PM

**Official Record**

Requested By  
CARDON OUTREACH

**Eureka County - NV**

**Sara Simmons - Recorder**

Page: 1 of 3 Fee: \$16.00

Recorded By LH RPTT: \$0.00

Book- 0581 Page- 0323



0229698

**File & Return to:**

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

<Supplemental Hospital Lien to Hospital Lien Docket #:> 229686

**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. **TRADERS CLAIM# 157704, 8916 TROOST AVE, KANSAS CITY MO 64131**
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.

Areli Torres  
Areli Torres

On this 28th day of JULY 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 28th day of the month of JULY of the year 2015.

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:		CHRISTOPHER NAGLE				
Street:		100 PARK FIELD TERRACE #28				
City:		FENTON				
State:		MO				
Zip:		63026				
Admit Date	Discharge Date	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
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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

