

Official Record

Recording requested By  
UMC

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2  
RPTT: Recorded By: AE  
Book- 251 Page- 0699



0134526

APN 001-065-08

Recording Requested By :

UNIVERSITY MEDICAL CENTER  
1800 WEST CHARLESTON BLVD  
LAS VEGAS NV 89102

HOSPITAL LIEN ON REAL PROPERTY

( Title of Document)

Please complete the cover page, check one of the following and sign below.

The undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law:

\_\_\_\_\_. (Law)

  
\_\_\_\_\_  
Constance Savey  
Patient Account Legal Specialist / Paralegal

11-13-09  
Date



AND WHEN RECORDED MAIL TO:

UNIVERSITY MEDICAL CENTER  
1800 W CHARLESTON BLVD.  
LAS VEGAS NV 89102 (702) 383-2000

(D1)

**RENEWED**

APN 001-065-08

**HOSPITAL LIEN UPON REAL PROPERTY**  
**CHAPTER 108.662 OF NEVADA REVISED STATUTES**  
*(As Amended by Chapter 545, June 7th, 1985)*

NOTICE IS HEREBY given that UNIVERSITY MEDICAL CENTER ("UMC") has rendered services in hospitalization for BENDINSKIS, GEORGE. The hospitalization was rendered between 04th day of Marcxh, 2002 and 28th day of June, 2004, in the city of Las Vegas, County of Clark, State of Nevada.

THAT ninety (90) days have elapsed since the termination of hospitalization;

THAT UMC hereby claims a lien upon real property of which the owner on record is BENDINSKIS, GEORGE . The real property is described as follows: Address: LOT 25 & LOT 26 / TOWN OF PIOCHE NV 89043// Lot in Block, Book, Page, in the Office of the County Recorder of Lincoln County, Nevada.

THAT UMC's demands for such care or service in the sum of \$48,337.50 and that no part thereof has been paid except \$-0- and there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$ 48,337.50, in which amount lien is hereby claimed.

**STATE OF NEVADA)**  
**COUNTY OF CLARK)**

I, Vickie Castro, being first duly sworn, on oath say:

THAT I am the Supervisor of the University Medical Center, named in the foregoing claim of lien.

THAT I have read the foregoing claim of lien and know the contents thereof and believe the same to be true. UNIVERSITY MEDICAL CENTER (the claimant)

State of Nevada, County of CLARK

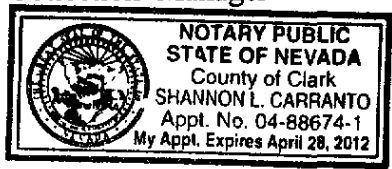
SUBSCRIBED AND SWORN to before

me this 20th day of October, 2009

Vickie Castro, Collection Manager

By [Signature]

[Signature]



NOTARY PUBLIC in and for the  
County of Clark and State of Nevada