When Recorded Return To:
Dr. Carla Warner
6630 West Cactus Rd., #B106
Glendale, AZ 85304

NOTICE AND CLAIM OF MEDICAL CARE LIEN

Effective Date:
10/7/25

County And State: Maricopa, Arizona

Licensed Health Care Provider (Name, Address & Zip Code):

Dr. Carla Warner
6630 West Cactus Rd., #B106
Glendale, Arizona 85304

Patient (Name, Address and Zip Code):
Debby Kieffer
7544 W. Dreyfus
Peoria AZ 85381

Licensed Health Care Provider Executive Officer or Agent of Health Care Provider (Name, Address & Zip Code):

Dr. Carla Warner
6630 West Cactus Rd., #B106
Glendale, Arizona 85304

First Treatment Date:
9/15/25

Last Treatment Date:
10/6/25 Thus far

Amount Due For Patient Care:
$995

County in which Injuries were Sustained:
Maricopa

And still treating

Date(s) on which medical care and treatment were provided are:
9/15/25, 9/17/25, 9/19/25, 9/22/25,
9/24/25 9/29/25 10/3/25, 10/6/25
and still treating

To the best of claimant's knowledge, the names and addresses of all persons, firms or corporations and the insurance carriers of said persons, firms or corporations claimed by the above-named patient or by his or her legal representative to be liable for damages are as follows:

USAA
P.O. Box 33490
San Antonio, TX
78265

Debby Kieffer
7544 W. Dreyfus
Peoria, AZ 85381

The above-named claimant, pursuant to the laws of the State of Arizona, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims or demands accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum claimed to be due. The name and address of the patient as set forth above are as the same appear on the records of the licensed health care provider.

I am the licensed health care provider, executive officer or agent of the health care provider named in the foregoing Notice and Claim of Medical Care Lien. I am authorized to act on behalf of the said health care provider and make this Notice and Claim of Medical Care Lien for and on behalf of said health care provider. I hereby declare that the statements contained in the foregoing notice and claim of medical care lien are true.

Signature of claimant health care provider, executive officer or agent

State of Arizona)
) ss.
County of Maricopa)

Subscribed and sworn this date 10/15/25.

Seal and expiration date:
1/29/29

MARGARET MUSSER
COMMISSION #680465
GREAT SEAL OF THE STATE OF ARIZONA
DITAT DEUS
1912
EXP. JANUARY 29TH 2029
NOTARY PUBLIC - MARICOPA COUNTY, AZ

Notary Public