

# Unofficial 20. Document

RECORDED INFORMATION

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## NOTICE AND CLAIM OF MEDICAL LIEN

**Date lien prepared:** October 30, 2025

**NAME & ADDRESS OF CLAIMANT / LICENSED HEALTH CARE PROVIDER:** Bone and Joint Wellness Center / Dr. Michael C Staub, DC, 10752 N 89th Place, Suite A-101 Scottsdale, AZ 85260.

**NAME & ADDRESS OF PATIENT:** Christian Carabajal, 6746 E Tyndall Cir, Mesa, AZ 85215

**Date of Injury:** October 16, 2025

**County & State where injury occurred:** Maricopa County, Arizona

**Dates of services received by patient:** October 28, 2025 **through:** patient still treating.

**Amount due for care of patient:** \$1000.00 to date.

To the best of claimant's knowledge, the name & address of all persons, firms or corporations & insurance carriers of said persons, firms or corporations claimed by the above patient, or by legal representative, to be liable for damages are as follows:

NAME	ADDRESS
Christian Carabajal	6746 E Tyndall Cir, Mesa, AZ 85215

State Farm Insurance Claim #03-91R8-15T	PO Box 52250, Phoenix, AZ 85072
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State Farm Insurance Claim #03-92C3-42X	PO Box 52250, Phoenix, AZ 85072
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Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, counterclaims or demands for damages accruing to said patient on his behalf representative, assignee or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under A.R.S. 33-931 (B), the sum of which is due & payable as indicated above.

STATE OF ARIZONA                     )  
   ) SS.  
COUNTY OF MARICOPA            )

I, Dr. Michael C Staub, DC, being sworn upon oath, deposes & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, a (3) the facts herein stated are true & correct to the best of my knowledge.

By: [Signature] For: Bone and Joint Wellness Center / Dr. Michael C Staub, DC  
(Claimant)

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 30 day of October 2025, By Rachael Handley

MY COMMISSION EXPIRES: 6/23/2028 [Signature]  
Notary Public

