

Unofficial Document

When recorded mail to:

AZ Spine
1107 S. Gilbert Road, Suite #111
Mesa, AZ 85204

To:
Ho:

Notice and Claim of Medical Lien

Name and Address of Claimant:

AZ Spine
1107 S. Gilbert Road, Suite #111
Mesa, AZ 85204

Name and Address of Agent:

Kris Davis
1107 S. Gilbert Road, Suite # 111, Mesa, AZ 85204

Name of Patient: Lorelei Jones

Patient Address: 1913 E. Inverness Ave Mesa, AZ 85204

Date of Injury: 11/13/2025

Date(s) of Service: 11/14/2025- Ongoing

Current Amount Claimed: PENDING COMPLETION OF CARE *For FINAL lien balance call
(480) 608-1331

Patient Legal Representative:

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

Name: _____ Address: _____

State Farm Insurance P.O. Box 106171 Atlanta, GA 30348

Claim/Policy No.: 03-92X5-63W

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any and all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his/her medical care and treatment for which claimant rendered such care at the rate customarily charged for such service which exceed \$ 250.00, as provided under A.R.S. 33-391 (B), the sum of which is due and payable as indicated above.

STATE OF ARIZONA) _____
) ss.
County of Maricopa)

Kris Davis, upon his oath, deposes and states: (1) I am named as claimant or authorized agent of claimant, (2) I have made Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true and correct to the best of my knowledge.

Kris Davis
Kris Davis

Subscribed and sworn to before me this 19 day of November, 2025

My commission Expires: August 16, 2027

Gabriela C. Silva
Notary Public

