

## 20: Document

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**To**

## NOTICE AND CLAIM OF MEDICAL LIEN

**Spooner Physical Therapy**  
**PO Box 4570**  
**Scottsdale, AZ 85261-4570**


Amount due for care of patient: pending

**Sabrina Elfstrom, 6565 North 19<sup>th</sup> Ave. Apt 48, Phoenix, AZ 85015**  
**USAA, PO Box 26001, Daphne, AL 36526, CL #: 028788-045-0816**  
**Sang Injury Law Firm, 3800 N Central Ave, Ste 570, Phoenix, AZ 85012**

STATE OF ARIZONA )  
 ) SS.  
COUNTY OF MARICOPA )

For: **Spooner Physical Therapy**

Aneze Garcia  
SUBSCRIBED AND SWORN to before me,  
the undersigned Notary Public, this  
4<sup>th</sup> day of November, 2025.

 KATHERINE LYNN GOWER  
Notary Public - Arizona  
Maricopa County  
Commission # 629609  
My Comm. Expires Jul 10, 2026