

# Unofficial 20 Document

This Instrument was recorded at the request of:


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Aspen Chiropractic and Wellness  
Mary Miano  
21681 N 77<sup>th</sup> Ave  
Peoria, AZ 85382

## NOTICE OF CLAIM AND MEDICAL LIEN

Effective Date: 11/19/25	County and State: Maricopa, Arizona
Licensed Healthcare Professional: Aspen Rae LLC DBA/ Aspen Chiropractic and Wellness 21681 N 77th Ave Suite 1415 Peoria, AZ 85382	Heath McShanag 7217 W. Melinda Ln. Phoenix, AZ 85308

Date of Patient's 1st Treatment: 11/14/25	Date of Patient's Last Treatment: Ongoing
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Licensed Healthcare Provider, Executive Officer or Agent of Health Care Provider Aspen Rae LLC Mary Miano 21681 N 77th Ave Suite 1415 Peoria, AZ 85382 	Dates on Which On-Going Medical Care/ Treatment Were Provided: 11/14/25 through ongoing
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Amount Due for Patient Care: \$480 Ongoing	County In Which Injuries Occurred: Maricopa
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To the best of claimant's knowledge, the names and addresses of all persons, firms or corporation and the insurance carriers for such persons, firms or corporations claimed by the above-named patient, or his/her legal representative to be liable for damages are:

Patient's Name: Heath McShanag	Third Party: United Services Auto
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Date Of Loss: 11/12/25
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The above named claimants pursuant to the laws of the State of Arizona do 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 herein above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

WITNESSETH 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 and that I am authorized to act on behalf of the said Health Care Provider and makes this notice and claim of medical lien for and on behalf of said Health Care Provider being thereunto duly authorized; that the matter and things contained in the foregoing Notice and claim of medical care lien are true.

STATE OF ARIZONA  
County of Maricopa

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*Mary Miano*  
Licensed Health Care Provider, Executive Officer or Agent

Unofficial Document  
SUBSCRIBED AND SWORN this date:

by *Mary Miano*, 19<sup>th</sup> November 2025,

6/7/2027  
Notary Expiration Date

*Angela Dawn Kelley*  
Notary Public

