

# Unofficial Document

07.

Pr.

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):**

Elizabeth Evans  
15255 N. Frank Lloyd Wright  
Blvd  
#2032  
Scottsdale, AZ 85260

**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:**

9/22/25

**Last Treatment Date:**

10/6/25

Thus far

**Amount Due For Patient Care:**

\$ 1,170

**County in which Injuries were Sustained:**

Maricopa

And still treating

**Date(s) on which medical care and treatment were provided are:**

9/22/25, 9/24/25, 9/26/25, 9/29/25, 10/1/25 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:

Philip Law Group  
Aaron Sherrill, Atty  
3101 N. Central Ave  
Ste 1500  
Phx AZ 85012

Elizabeth Evans  
15255 N. Frank Lloyd Wright Blvd.  
#2032  
Scottsdale AZ 85260

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. Unofficial Document 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




\_\_\_\_\_  
Notary Public