

Unofficial 20. Document

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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

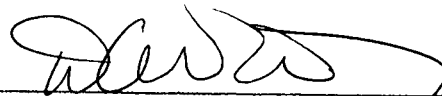
To the best of claimant's knowledge, the names and addresses of all persons, firms or corporations and the insurance carriers of said persons, firms or corporations claimed by the above-named patient or by his or her legal representative to be liable for damages are as follows:

Phillips 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.



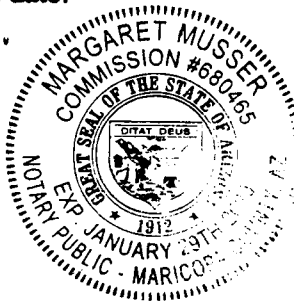
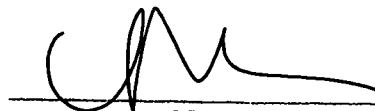
Signature of claimant health care provider,
executive officer or agent

State of Arizona)
) ss.
County of Maricopa)

Subscribed and sworn this date 10/15/25

Seal and expiration date:

1/29/29

Notary Public