Cornerstone Wellness Center
7227 E Baseline Rd, Ste 106
Mesa, AZ 85209

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NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

DATE LIEN PREPARED: 10-23-2025 **COUNTY: Maricopa** **STATE: Arizona**

CLAIMANT LICENSED HEALTH CARE PROVIDER:

CORNERSTONE WELLNESS CENTER
DR. CLAY WARREN
7227 E BASELINE ROAD STE 106
MESA, ARIZONA 85209

EXECUTIVE OFFICER OR AGENT OF LICENSE HEALTH CARE PROVIDER:

ANN WARREN

PATIENT INFORMATION – NAME, ADDRESS AND ZIP CODE AS SAME APPEAR ON THE RECORDS OF CLAIMANT HEALTH CARE PROVIDER:

Aimee Weiss
16640 E Elgin St
Gilbert, AZ 85295

DATE OF PATIENT'S FIRST TREATMENT: October 23, 2025

DATE OF PATIENT'S LAST TREATMENT (IF COMPLETE): (not yet complete)

DATES ON WHICH ON-GOING MEDICAL TREATMENT WERE PROVIDED (MONTH AND DAY): October 23, 2025

AMOUNT CLAIMED DUE FOR TREATMENT OF PATIENT: $500.00
COUNTY IN WHICH INJURIES WERE SUSTAINED: Maricopa County

TO THE BEST OF CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR CORPORATIONS 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:

NAME	ADDRESS
Aimee Weiss	16640 E Elgin St Gilbert, AZ 85295

State Farm
Claim #0391X889L

PO Box 106171
Atlanta, GA 30348

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTER CLAIMS OR DEMANDS ACCRUING TO THE ABOVE NAMED PATIENT OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

ANN WARREN, BEING DULY SWORN, UPON OATH, DEPOSES AND SAYS THAT SHE IS THE LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT OF THE HEALTH CARE PROVIDER NAMED IN THE PRECEDING NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN, THAT SHE DID WITHIN FIVE (5) DAYS AFTER THE RECORDING OF SAID NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN SEND BY CERTIFIED MAIL OR FIRST CLASS, COPIES THEREOF TO EACH PERSON, FIRM OR CORPORATION AND THE INSURANCE CARRIER OF SUCH PERSONS, FIRM OR CORPORATIONS 7thCLAIMED IN THE SAID NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN TO BE LIABLE FOR DAMAGES, AT THE ADDRESSES GIVEN IN THE PRECEDING STATEMENT.

STATE OF: ARIZONA

COUNTY OF: MARICOPA

VERIFICATION OF AUTHORIZED AGENT AND AFFIDAVIT OF PROOF OF SERVICE

LICENSED HEALTH CARE PROVIDER,
EXECUTIVE OFFICE OR AGENT THEREOF

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC ON THIS 10 DAY OF November, 2025.

ASHLEY DEL CARPIO
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 627281
Expires April 24, 2026

NOTARY PUBLIC