

Unofficial Document

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This instrument was recorded at request of:

Dr. Donald L. Nelson D.C.
2409 S. Rural Road, Ste.D
Tempe, AZ 85282
480-966-1635

The recording official is directed to return this instrument or a copy to the above person.

NOTICE AND CLAIM OF MEDICAL CARE LIEN

Effective Date: 10-17-2025

County and State: Maricopa, Arizona

Licensed Health Care Provider:
Dr. Donald L. Nelson D.C.
2409 S. Rural Road, Ste.D
Tempe, AZ 85282

Patient Name: Paula Lopez for minor child
Address: Layla Nevarrez
598 N. McQueen Rd.
Chandler, AZ 85225

Licensed Health Care Provider, Executive Officer or Agent of Health Care Provider:

Dr. Donald L. Nelson B.S., D.C.
2409 S. Rural Road, Ste.D
Tempe, AZ 85282

First Treatment Date: 10-17-2025

Last Treatment Date: _____

Amount Due for patient care: \$ 1753.00

Still treating

County in which Injuries were sustained: Maricopa

Date (s) of which medical care and treatment were provided are: 10-17-25, 10-20-25,

10-21-25, 10-22-25, 10-23-25, 10-24-25, 10-27-25
10-28-25, 10-29-25, 10-30-25, 10-31-25, 11-3-25,
11-4-25

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:

Insurance: Geico Claims Insurance: _____
f.o. Box 509119
San Diego, CA 92150
Claim #: 8855038500000001 Claim: _____
Insured: _____ Insured: _____
Patient: Layla Nevarez Patient: _____
Attn: _____ Attn: _____
Date of Loss: 10-10-2025 Date of Loss: _____

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, counter-claims 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 and above claimed to be due. The name and address of the patient as herein before set forth are as the same appears on the records of the Licensed Health Care Provider.

Witnesseth I am the Licensed Health Care Provider, Executive Officer of 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)

Donald L. Nelson, B.S. D.C., Lien Holder

SUBSCRIBED AND SWORN before me this 6 day of November 2025 by
Donald L. Nelson B.S. D.C.

Louise S. Branch
Notary Public

