

# Unofficial Document

07  
dr.

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:** 10-20-2025

**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: Eliseo Correa-Almaraz  
Address: 723 N. McDonald  
Mesa, AZ 85201

---

**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:** 10-20-2025

**Last Treatment Date:** \_\_\_\_\_

---

**Amount Due for patient care:** \$ 2479.00

**Still treating**

---

**County in which Injuries were sustained:** Maricopa

**Date (s) of which medical care and treatment were provided are:** 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, 11-5-25,  
11-7-25, 11-10-25, 11-11-25, 11-12-25, 11-13-25, 11-14-25,

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: Hagerety Ins. Insurance: \_\_\_\_\_  
P.O. Box 1303  
Traverse City, MI 49685

Claim #: MK25101531 Claim: \_\_\_\_\_

Insured: \_\_\_\_\_ Insured: \_\_\_\_\_

Patient: Eliseo Correa-Almara Patient: \_\_\_\_\_

Attn: \_\_\_\_\_ Attn: \_\_\_\_\_

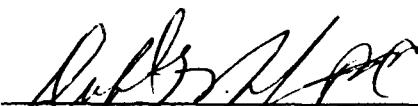
Date of Loss: 10-09-2025 Date of Loss: \_\_\_\_\_

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 14 day of November 2025 by  
 Donald L. Nelson B.S. D.C.

Louise S. Branch  
 Notary Public

