

Unofficial Document



Good For Life Chiropractic

Get Adjusted, It's Good... For Life!

07

4111 E Valley Auto Dr. #102 Br

Mesa, AZ 85206

Office: 480-599-8310

Notice of Claims of Medical Lien

When Recorded Please Mail To:

Good For Life Chiropractic

4111 E Valley Auto Dr. #102

Mesa, AZ 85206

Phone: 480-599-8310

Fax: 480-644-0996

Name of Claimant/Address:

Good For Life Chiropractic

Name of Patient: Sheila Willis

4111 E Valley Auto Dr. #102

Date of Accident: 7-14-25

Mesa, AZ 85206

First Visit: 7-16-25

Amount Due Claimant: \$4,310

Patient still treating: Yes or No

State and County in which injuries occurred: Arizona/ Maricopa County

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

Name of 3rd Party

Kent Law PLC

4001 E. Mountain Sky Ave. #105

Phoenix, AZ 85044

Claim #: 25-343797152

Adjuster: Galilea

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby Claim A Lien upon any and all actions, suites, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his/her medical care and treatment for which claimant rendered medical care at rate customarily charged for such services which exceed \$250.00, as provided under A.R.S. 33-931, (B), the sum of which is due and payable as indicated above.

I, being duly sworn upon oath, dispose and say: (1) That I am the person herein named as a claimant (or authorized agent of such claimant); (2) That I have made this Notice of Claim of Medical Lien in good faith; and (3) That the facts herein are true and correct to the best of my knowledge, information and belief.

Name: Kevin Roach D.C. Title: Owner/Doctor Date: 10/29/25

Kevin Roach D.C.

WELLS
FARGO

Acknowledgment by Individual

State of

Arizona

County of

MaricopaOn this 29day of October, 2025.

Before me,

Daniel Lorentz

Name of Notary Public

the undersigned Notary Public, personally appeared

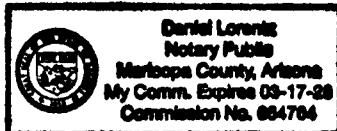
Herib Roach

Name of Signer(s)

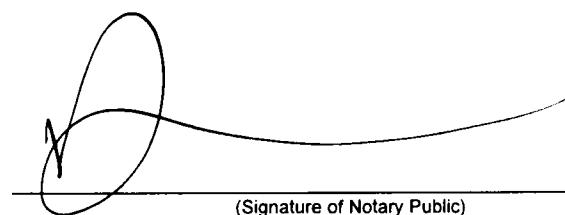
 Proved to me on the oath of _____ Personally known to me _____ Proved to me on the basis of satisfactory evidence _____Arizona Drivers License Exp 7/30/2022
(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.



Notary Seal



(Signature of Notary Public)

My commission expires 3/17/2025

Unofficial Document

For Bank Purposes Only

Description of Attached Document

Type or Title of Document

Good For Life Chiropractic Notice of Claims or Lien, Kent Law PLC

Document Date

10/29/2025

Number of Pages

2

Signer(s) Other Than Named Above

Account Number (if applicable)

Optional: A thumbprint is only needed if state statutes require a thumbprint.

Right Thumbprint of Signer
Top of thumb here