

Unofficial Document

DAR-LIENS, INC.
7633 EAST ACOMA DRIVE, SUITE 102
SCOTTSDALE, ARIZONA 85260

Arizona Certified Legal Document Preparer
Certificate Number 80906
Designated Principal - Dale Shephard

12
mo.

NOTICE AND CLAIM OF LIEN AGAINST EXCESS MEDICAL PAYMENTS

DATE LIEN

PREPARED: DECEMBER 2, 2025

COUNTY: MARICOPA

STATE: ARIZONA

CLAIMANT:

TRUMBULL INSURANCE COMPANY
P.O. BOX 14266
LEXINGTON, KENTUCKY 40512-4266

AUTHORIZED SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE:

X SUSAN C. BEYETTE

INSURED INFORMATION:**NAME AND ADDRESS AS IT APPEARS
ON THE RECORDS OF THE INSURER.**

JEFFREY CARBONE
6119 N. 83rd DRIVE
GLENDALE, ARIZONA 85305

INSURERS INFORMATION:**NAME AND ADDRESS AS IT APPEARS
AT THE INSURER'S PRINCIPAL OFFICE IN THIS STATE.**

TRUMBULL INSURANCE COMPANY
P.O. BOX 14266
LEXINGTON, KENTUCKY 40512-4266
CLAIM #Y90AM76014
POLICY #55PAB810629
EVENT #PA0020351305
MEDPAY CLAIMANT: TIMOTHY ROSS
ATTN: TRUMBULL INSURANCE COMPANY
(800) 811-4832

AMOUNT CLAIMED DUE FOR EXCESS MEDICAL PAYMENTS: \$16,468.62

DATE THE PAYMENT WAS ISSUED:

11/25/2025

COUNTY IN WHICH ACCIDENT OCCURED:

MARICOPA

**TO THE BEST OF CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR
CORPORATIONS AND THEIR INSURANCE CARRIERS, THAT THE INSURED OR THEIR LEGAL
REPRESENTATIVE ALLEGES TO BE LIABLE FOR DAMAGES ARISING FROM THE ACCIDENT:**

STATE FARM INSURANCE
P.O. BOX 106171
ATLANTA, GEORGIA 30348
(610) 361-5661
CLAIM #0357L123W
ATTN: CLAIMS DEPT.

COPY TO: CRAIG SWAPP, ESQ.
VALLEY INJURY LAW FIRM
4600 E. WASHINGTON #300
PHOENIX, ARIZONA 85034
(480) 605-2499

THE ABOVE-NAMED INSURANCE COMPANY, IN ACCORDANCE WITH ARIZONA REVISED STATUTES DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS ACCRUING TO THE ABOVE NAMED INSURED, OR TO THE LEGAL REPRESENTATIVE OF SAID NAMED INSURED, FOR EXCESS MEDICAL PAYMENTS PAID TO THE ABOVE NAMED INSURED IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

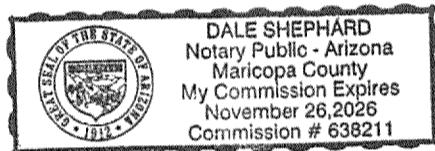
STATE OF: ARIZONA)
COUNTY OF: MARICOPA) SS VERIFICATION TO AUTHORIZE
) DAR-LIENS, INC.

SUSAN C. BEYETTE TO ACT ON OUR BEHALF, BEING DULY SWORN UPON OATH DEPOSES AND SAYS THAT SHE IS AN EMPLOYEE OF DAR-LIENS, INC. AND THAT SHE IS AUTHORIZED TO ACT ON BEHALF OF SAID INSURANCE COMPANY.

LICENSED INSURANCE COMPANY,
AUTHORIZED REPRESENTATIVE:

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC
ON THIS 2ND DAY OF DECEMBER 2025

Dale Shephard
NOTARY PUBLIC:



AFFIDAVIT OF PROOF OF SERVICE

SUSAN C. BEYETTE BEING DULY SWORN, UPON OATH DEPOSES AND SAYS THAT SHE IS AUTHORIZED TO ACT ON BEHALF OF THE INSURANCE COMPANY NAMED IN THE PRECEDING NOTICE AND CLAIM OF EXCESS MEDICAL LIEN, THAT SHE DID WITHIN FIVE (5) DAYS AFTER THE RECORDING OF SAID NOTICE AND CLAIM OF LIEN, AND ON THIS DAY OF, 2025, DID SEND BY FIRST CLASS MAIL, COPIES THEREOF TO EACH PERSON, FIRM OR CORPORATION, AND INSURANCE CARRIER OF SUCH PERSONS, FIRM OR CORPORATION CLAIMED IN THE SAID NOTICE AND CLAIM OF MEDICAL EXCESS LIEN TO BE LIABLE FOR DAMAGES.

LICENSED INSURANCE COMPANY, AUTHORIZED
REPRESENTATIVE, THEROF:

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC
ON THIS DAY OF

NOTARY PUBLIC