

Unofficial Document

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Ho:

When recorded mail to:

ALMA PASIC
LEXISNEXIS CLAIMS SOLUTIONS INC.
P.O.BOX 740025
ATLANTA, GA 30374-0025

(The above space reserved for recording information)

CAPTION HEADING

Medical Lien

DO NOT DISCARD THIS PAGE. THIS COVER PAGE IS RECORDED AS PART OF YOUR DOCUMENT. THE CERTIFICATE OF RECORDATION WITH THE FEE NUMBER IN THE UPPER RIGHT CORNER IS THE PERMANENT REFERENCE NUMBER OF THIS DOCUMENT IN THE MARICOPA COUNTY RECORDER'S OFFICE.

Form RE-49

3782920651
004714781-809

**NOTICE AND CLAIM OF MEDICAL PAYMENTS LIEN
IN ACCORDANCE WITH A.R.S. §20-259.01**

NAME OF INSURED: Carmen Alfonso
 ADDRESS OF INSURED: 521 W DEANNA DR.
 FLAGSTAFF, AZ 86001-3057

NAME OF INSURER: USAA
 ADDRESS OF INSURED: One Norterra Parkway
 Phoenix, AZ 85085

AMOUNT CLAIMED: \$2273.26

COUNTY WHERE ACCIDENT OCCURRED: Maricopa

To the best of USAA's knowledge, the names and addresses of all persons, firms, corporations, and the insurance carriers of said persons, firms or corporations claimed by the above-named Insured or Insured's representative to be liable for damages arising from the accident are as follows:

NAME	ADDRESS
RUSSELL FORD CHUBB INSURANCE	6044 E FOOTHILL DR N Paradise Valley Arizona 85253 PO BOX 5122 SCRANTON, PA 18505

The above-named Insurer, pursuant to the laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, Unofficial Document, counterclaims, or demands for damages accruing to the Insured named herein, or to the legal representative of such Insured, on account of injuries giving rise to such causes of action and which necessitated payment of benefits under Insured's coverage for MEDICAL PAYMENTS in accordance with the provisions of the policy of insurance issued to Insured by Insurer.

STATE OF Texas)
) ss.
 COUNTY OF Bexar)

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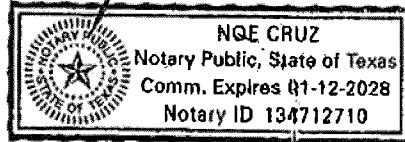
Noe Cruz, being first duly sworn, upon oath deposes and says:

He is the Agent of USAA and makes this Notice and Claim of Lien for and on behalf of said Insurer, being thereunto duly authorized; that the matters and things contained in the foregoing notice and claim of lien are true.

Subscribed and sworn to before me this 19 day of November, 2025.

My Commission Expires: 01.12.28

DATE OF FILING: _____
 HOUR OF FILING: _____
 NO.: _____
 COUNTY WHERE FILED: _____



Arizona Statutes, Section 5, Title 20-466.03 states: "For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a

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loss is subject to criminal and civil penalties.⁶

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