

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

10:
mo.

NOTICE AND CLAIM OF LIEN AGAINST EXCESS MEDICAL PAYMENTS

DATE LIEN

PREPARED: OCTOBER 28, 2025

COUNTY: MARICOPA

STATE: ARIZONA

CLAIMANT:

AMERICAN FAMILY INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WISCONSIN 53783

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.**

KATELYN ENDRES
5800 COUNTY ROAD V
DE FOREST, WISCONSIN 53532-1855

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

AMERICAN FAMILY INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WISCONSIN 53783
CLAIM #01006032980
ATTN: MICHELLE MAAS
(800) 374-1111

AMOUNT CLAIMED DUE FOR EXCESS MEDICAL PAYMENTS: \$5,000.00

DATE THE PAYMENT WAS ISSUED: 10/27/2025

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:**

FORREST VILMAIRE
8046 N. 19th DRIVE
PHOENIX, ARIZONA 85021

COPY TO: BRAD JOHNSON, ESQ.
BRAD JOHNSON INJURY LAW
7448 W. GLENDALE AVENUE #B101
GLENDALE, ARIZONA 85303
(602) 598-5694

PROGRESSIVE INSURANCE
P.O. BOX 94639
CLEVELAND, OHIO 44101
(800) 776-4737
CLAIM #236568083
POLICY #965804785000
ATTN: CLAIMS DEPT.

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.

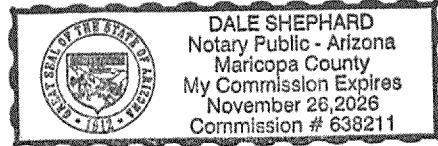
STATE OF: ARIZONA)
COUNTY OF: MARICOPA) SS
VERIFICATION TO AUTHORIZE
DAR-LIENS, INC.

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 28TH DAY OF OCTOBER 2025

Dale Shephard
NOTARY PUBLIC:



AFFIDAVIT OF PROOF OF SERVICE

SUSAN C. BEYETTE BEING DULY SWORN, UPON OATH Unofficial Document 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 , 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