

# 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

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## NOTICE AND CLAIM OF LIEN AGAINST EXCESS MEDICAL PAYMENTS

**DATE LIEN PREPARED:** NOVEMBER 20, 2025      **COUNTY:** MARICOPA      **STATE:** ARIZONA

**CLAIMANT:**

PROGRESSIVE ADVANCED INSURANCE COMPANY  
CT CORPORATION SYSTEM  
3800 N. CENTRAL AVENUE #460  
PHOENIX, ARIZONA 85012

**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.**

SHANNON CRAYON  
8615 W. MEADOW DRIVE  
PEORIA, ARIZONA 85382

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

PROGRESSIVE ADVANCED INSURANCE COMPANY  
CT CORPORATION SYSTEM  
3800 N. CENTRAL AVENUE #460  
PHOENIX, ARIZONA 85012  
CLAIM #25263913385  
ATTN: JONI BELL  
(440) 910-3024

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

**DATE THE PAYMENT WAS ISSUED:**      9/24/2025

**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:**

FLEXDRIVE SERVICES  
2540 E. MAGNOLIA DRIVE  
PHOENIX, ARIZONA 85034

MOBILITAS INSURANCE COMPANY  
P.O. BOX 5483  
MT. LAUREL, NEW JERSEY 08054  
(877) 268-1408  
CLAIM #2500838449  
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.

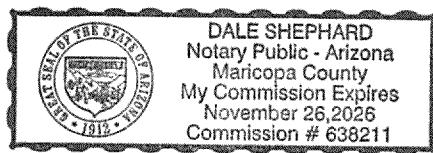
STATE OF: ARIZONA )  
COUNTY OF: MARICOPA ) SS  
VERIFICATION TO AUTHORIZE  
DAR-LIENS, INC.

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 20TH DAY OF NOVEMBER 2025

Dale Shephard  
NOTARY PUBLIC:



#### AFFIDAVIT OF PROOF OF SERVICE

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