

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:** 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:**

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

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

**INSURERS INFORMATION:**

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

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

**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.

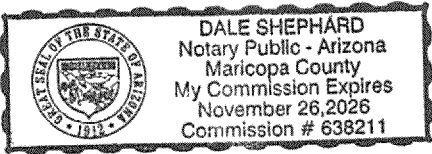
STATE OF: ARIZONA )  
COUNTY OF: MARICOPA ) SS VERIFICATION TO AUTHORIZE  
DAR-LIENS, INC.

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.

  
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LICENSED INSURANCE COMPANY,  
AUTHORIZED REPRESENTATIVE:

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

  
\_\_\_\_\_  
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.

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LICENSED INSURANCE COMPANY, AUTHORIZED  
REPRESENTATIVE, THEROF:

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

\_\_\_\_\_  
NOTARY PUBLIC