

# Unofficial Document

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Ga.

When recorded mail to:

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

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(The above space reserved for recording information)

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## CAPTION HEADING

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Medical Lien

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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

3770147851  
035921407-800

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

NAME OF INSURED: Amber Moon  
ADDRESS OF INSURED: 1731 E. Jeanne Ln, San Tan Valley, AZ 85140

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

**AMOUNT CLAIMED.** \$1630.47

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:

<b>NAME</b>	<b>ADDRESS</b>
Gloria Escudero State Farm	1343 E. Pollino St, Queens Creek, AZ 85140 POB 106172, Atlanta, GA 30348

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, suits, claims, 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 Unofficial Document 1 to Insured by Insurer

STATE OF Texas ) UNOFFICIAL DOCUMENT  
                    ) ss  
COUNTY OF Bexar )

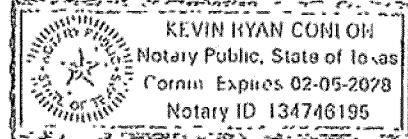
Kevin Ryan Conlon, being first duly sworn, upon oath deposes and says

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 11 day of November, 2025

My Commission Expires. 2/15/2029

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 loss is subject to criminal and civil penalties."**

Confidential