

Unofficial Document

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Return Lien to:

November 17, 2025

Maricopa County Recorder ***MEDICAL SUBROGATION LIEN***
 111 S. 3rd Avenue
 Phoenix, AZ 85003

Our Insured: Jessica Mitchell
 Policy Number: 193667978
 Claim Number: 7009280753-1
 Date of Loss: 08/06/2025

Hereby presented for recognition by all parties and entities we submit our lien:

Farmers Insurance Company of Arizona has made payment in excess of \$5,000.00. Our lien rights extend to the amount in excess of \$5,000.00 paid to date, \$20,000.00 Unofficial Document plus any additional benefits yet to be paid. In the event of a settlement, we urge all interested parties to contact us for a final figure.

This lien is for benefits paid to: By:

Jessica Mitchell 29977 N 70th Dr Peoria, AZ 85383	Farmers Insurance Company of Arizona 23800 North Farmers Way Phoenix, AZ. 85085
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For damages alleged to be caused by the following responsible person(s):

Santos Diaz
25274 N 142nd Dr
Surprise, AZ 85387

Who is/are represented by the following Insurance provider(s):

Bristol West Insurance
P O Box 258807
Oklahoma City, OK 73126

Sincerely,
Farmers Insurance Company of Arizona

Carlos Escobar Jr.
Special Subrogation Claims Representative
(425) 430-2321
carlos.escobar.jr@farmersinsurance.com

Signed By:
 Representative for Farmers Insurance Company of Arizona