

Unofficial Document

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NOTICE AND CLAIM OF MEDICAL PAYMENTS LIEN

DATE: November 6, 2025

NAME OF CLAIMANT INSURER: Allied / Nationwide Insurance
ADDRESS OF CLAIMANT INSURER: 3820 109th St. Dept #5575
Des Moines, IA 50391

NAME OF INSURED: Pedro Pagazani
ADDRESS OF INSURED: 2131 E Kaibab Pl Chandler AZ 85249-5493

POLICY NO.: 7202J012148
CLAIM NO.: 424688-GQ

AMOUNT OF LIEN: Pedro Pagazani-\$10,000-MP

COUNTY IN WHICH INJURIES WERE SUSTAINED: Maricopa

To best of claimant's knowledge, the names and addresses of all persons, firms, or corporations and the insurance carriers of said persons, firms, or corporations claimed by the above-named insured, or by his or her legal representative, to be liable for damages are as follows:

NAME	ADDRESS
(CC) Geico	PO Box 35
	Macon, GA 31208-0035

Nationwide Insurance, pursuant to the laws of the State of Arizona, hereby claims a lien upon any and all causes of action, suits, claims, counterclaims, or demand for damages accruing to the insured name herein, or to the legal representative of such insured, on account of injuries giving rise to such causes of action and which necessitated his or her claim for medical payments benefits pursuant to the above-listed insurance policy, in the sum hereinabove set forth. The name and address of the insured stated above are as they appear on the records of the insurer.

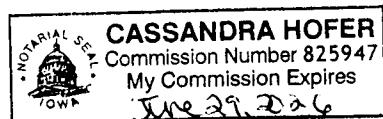
ML1
 STATE OF IOWA)
)
 County of Warren)

Kristine Till, being first duly sworn, upon her oath deposes and states that she is an adjuster or agent of Nationwide Mutual Insurance Company, and makes this Notice and Claim of Medical Payments Lien for and on behalf of the company, being authorized to do so; that the statements contained in the foregoing Notice and Claim of Medical Payments Lien are true.

Kristine Till
 (date) 11/7/25

SUBSCRIBED AND SWORN to before me this 7th day of November, 2025.

Cassandra Hofer
 Notary Public



AFFIDAVIT OF MAILING

STATE OF IOWA)
) ss.
County of Warren)

Kristine Till, being first duly sworn, upon her oath deposes and states that she is the adjuster or Agent of Nationwide Mutual Insurance Company, Claimant in the foregoing Notice & Claim of Medical Payments Lien; that she did within five (5) days after recording of said Notice & Claim of Medical Payments Lien in Maricopa, Arizona and on the 7th day of November, 2025 mail a copy thereof, certified mail, postage pre-paid, and to each person, firm or corporation and the insurance carrier of such person, firm, or corporation claim in said Notice & Claim of Medical Payments Lien to be liable for damages, at the address given in the foregoing statement.

Kristine Till

November, 2025. SUBSCRIBED AND SWORN to before me this 1 day of _____

Unofficial Document

Cassandra Hofer

Notary Public

