

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:

SHANNON CRAYON
8615 W. MEADOW DRIVE
PEORIA, ARIZONA 85382

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

INSURERS INFORMATION:

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

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

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.

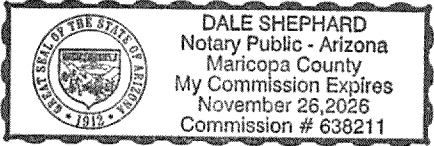


LICENSED INSURANCE COMPANY,
AUTHORIZED REPRESENTATIVE:

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC
ON THIS 20TH DAY OF NOVEMBER 2025



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