

# Unofficial Document

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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

3793091851  
036675065-810

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

NAME OF INSURED: Nathan Moreno  
ADDRESS OF INSURED: 4941 W OLNEY AVE, LAVEEN, AZ 85339

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

AMOUNT CLAIMED: \$4102.49

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.

NAME	ADDRESS
Juan Hernandez	143 N 116TH DR, AVONDALE, AZ 85323
COUNTRY MUTUAL INSURANCE	PO BOX 2100, BLOOMINGTON, IL 61702

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 Unofficial Document Insured's coverage for MEDICAL PAYMENTS in accordance with the provisions of the policy of insurance issued to Insured by Insurer.

STATE OF Texas )  
                    ) ss.  
COUNTY OF Bexar )  
                    )

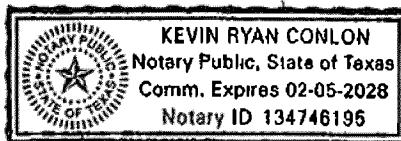
UNOFFICIAL DOCUMENT

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 thereto 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 18 day of November, 2025.

My Commission Expires: 2/15/2028



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