

Unofficial Document

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When recorded mail to:

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

(The above space reserved for recording information)

CAPTION HEADING

Medical Lien

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

3782905251
004982818-801

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

NAME OF INSURED: Anette Gillespie
 ADDRESS OF INSURED: 9739 E. Tillman Ave.
 Mesa, AZ 85212-6463

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

AMOUNT CLAIMED: \$837 60

COUNTY WHERE ACCIDENT OCCURRED. Maricopa County

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
Sentry Insurance Justin Goodman	PO BOX 26363 RICHMOND, VA 23260-6363 1100 E INDIGO DR CHANDLER, AZ 85286-2546

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 benefits under 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)

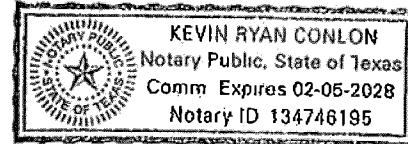
UNOFFICIAL DOCUMENT

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.

[Signature]
 Subscribed and sworn to before me this 14 day of November, 2025.

My Commission Expires: 2/5/2028



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