

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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Ho:

**NOTICE AND CLAIM OF LIEN**  
**AGAINST EXCESS MEDICAL PAYMENTS**

**DATE LIEN**

**PREPARED:** NOVEMBER 14, 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:**

RICARDO ALVARADO  
34635 W. ECLIPSE ROAD  
STANFIELD, ARIZONA 85172

**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 #25599297791  
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:**

10/24/2025

**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:**

ROBERT A. OLIVERAS  
13820 S. 44th STREET #1044  
PHOENIX, ARIZONA 85044

AMERICAN FAMILY INSURANCE  
6000 AMERICAN PARKWAY  
MADISON, WISCONSIN 53783  
(800) 374-1111  
CLAIM #01008896660  
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.

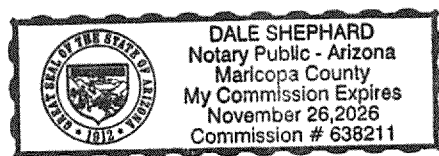
STATE OF: ARIZONA )  
COUNTY OF: MARICOPA ) SS VERIFICATION TO AUTHORIZE  
DAR-LIENS, INC.

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 14TH DAY OF NOVEMBER 2025

  
\_\_\_\_\_  
NOTARY PUBLIC:



AFFIDAVIT OF PROOF OF SERVICE

SUSAN C. BEYETTE BEING DULY SWORN, UPON OATH Unofficial Document 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