

Unofficial Document

State Farm Claims
400 E Rio Salado PKWY
Tempe, AZ 85281

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Notice and Claim of Automobile Insurance Medical Payment Coverage **Lien A.R.S. §20-259.01 J**

Date Lien Prepared: December 3, 2025	County: Maricopa	State: Arizona
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Pursuant to A.R.S §20.259.01(J), State Farm Insurance Companies® ("State Farm®") asserts a lien against any claim of liability or indemnity of the insured identified below, arising out of a motor vehicle accident, which occurred on April 7, 2025 within Maricopa County, Arizona. The lien is for all amounts in excess of five thousand dollars (\$5,000.00) paid by State Farm under applicable medical payment coverages.

Injured Party's Information: Name, Address and ZIP Code as same appears on the records of State Farm:
Claim Number: 03-83S3-93P

Therese Fitzgerald
10256 N 105th Dr
Sun City AZ 85351-4417

Total Medical Payments Paid Less \$5,000.00 Amount Claimed by this Lien Plus any additional sums	\$10,000 (-) \$5,000.00 <u>\$5,000</u>	County in which injuries were sustained: Maricopa
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To the best of State Farm's knowledge, the names and addresses of all persons, firms, or corporations and the insurance carriers for such persons, firms, or corporations claimed by the above-named insurer, or their legal representative to be liable for damages are:

Individuals or Entities

THERESE FITZGERALD C/O TORGENSEN LAW
ATTORNEY TRUST ACCOUNT
333 W ROOSEVELT ST
PHOENIX, AZ, 85003-1324

Insurers for Individuals or Entities

Progressive Insurance
Claim Number : 012025727041914
PO Box 94670
Cleveland OH 44101-4670

Susan Ward
18215 N 61st Dr
Glendale AZ 85308-1141

The above-named claimants (injured party), 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 injured party or to the legal representative of such injured party, as a result of injuries giving rise to such causes of action and which made necessary his/her treatment, for the customary charges for medical payment coverage of the above named injured party in the sum hereinabove claimed to be due.

) § Verification of Authorized Agent**Loren Bryant**

Digitally signed by Loren Bryant
Date: 2025.12.08 16:14:35 -07'00'

, agent of State Farm Insurance, being first duly sworn, upon oath deposes and says that he/she is an agent of State Farm, above subscribed and that he/she is authorized to act on behalf of said insurance company.

Loren Bryant

Digitally signed by Loren Bryant
Date: 2025.12.08 16:14:51 -07'00'

Signature of Agent of State Farm

Telephone Number: (844) 292-8615 Ext. 516

Affidavit of Proof of Service

, Agent, being duly sworn, upon oath deposes and says that he/she is an authorized agent of State Farm Insurance named in the preceding notice and claim of insurance medical payment coverage lien, that he/she is authorized to act on behalf of said insurance company, that he/she did within five (5) days after the recording of said notice and claim of insurance medical payment coverage lien and on the _____ day of

, _____, did send by certified mail, postage prepaid, copies thereof to each person, firm, or corporation, and the insurance carrier of such persons, firm or corporation claimed in the said notice and claim of insurance medical payment coverage lien to be liable for damages at the addresses given in the preceding statement.

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Signature of Agent of State Farm