

Unofficial

20. Document

07

dr.

When recorded mail to:

Name: _____

Address: _____

City/State/Zip: _____

Area reserved for county recorder

CAPTION HEADING:

DO NOT REMOVE

This is part of the official document



FARMERS
INSURANCE

National Document Center
P. O. Box 268992
Oklahoma City, OK 73126

Return Lien to:

November 17, 2025

Maricopa County Recorder ***MEDICAL SUBROGATION LIEN***
111 S. 3rd Avenue
Phoenix, AZ 85003

Our Insured: Jessica Mitchell
Policy Number: 193667978
Claim Number: 7009280753-1
Date of Loss: 08/06/2025

Hereby presented for recognition by all parties and entities we submit our lien:

Farmers Insurance Company of Arizona has made payment in excess of \$5,000.00. Our lien rights extend to the amount in excess of \$5,000.00 paid to date, \$20,000.00 plus any additional benefits yet to be paid. In the event of a settlement, we urge all interested parties to contact us for a final figure.

This lien is for benefits paid to:

By:

Jessica Mitchell
29977 N 70th Dr
Peoria, AZ 85383

Farmers Insurance Company of Arizona
23800 North Farmers Way
Phoenix, AZ. 85085

For damages alleged to be caused by the following responsible person(s):

Santos Diaz
25274 N 142nd Dr
Surprise, AZ 85387

Who is/are represented by the following Insurance provider(s):

Bristol West Insurance
P O Box 258807
Oklahoma City, OK 73126

Sincerely,
Farmers Insurance Company of Arizona

Carlos Escobar Jr.
Special Subrogation Claims Representative
(425) 430-2321
carlos.escobar.jr@farmersinsurance.com

Signed By:

Representative for Farmers Insurance Company of Arizona