

Unofficial 20 Document

Recorded at the Request of/
When Recorded, MAIL TO:

Law Office of Roger Peterson
Allstate Insurance Company Client Legal Services
7350 N Dobson Rd Unit 103
Scottsdale, AZ 85256

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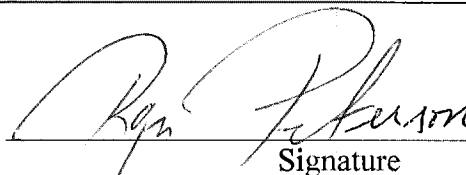
**NOTICE AND CLAIM OF
AUTOMOBILE INSURANCE MEDICAL PLAN COVERAGE LIEN
A.R.S. § 20-259.01 (2000) J.**

DATE LIEN PREPARED: 11/11/2025

COUNTY: **MARICOPA**

Pursuant to A.R.S. §20-259.01 (J), Allstate Insurance Companies ("Allstate") 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 January 24, 2025 within MARICOPA County, Arizona. The lien is for all amounts in excess of five thousand dollars (\$5,000.00) paid by Allstate under applicable medical payment coverage.

Agent Of Allstate Insurance:


Signature

INSURER'S PRINCIPAL OFFICE IN ARIZONA:
Allstate Insurance Company – Regional Office
7350 N Dobson Rd., Suite 101
Scottsdale, AZ 85256

INJURED PARTY'S INFORMATION: NAME, ADDRESS AND ZIP CODE AS SAME APPEARS
ON THE RECORDS OF ALLSTATE INSURANCE: Claim #0782635395.1
Jaqueline Duarte, 415 N. Arrowhead Dr., Chandler, AZ 85224-4348

TOTAL MEDICAL PAYMENTS PAID: \$10,000.00
Less \$5,000.00 -5,000.00
AMOUNT CLAIMED BY THIS LIEN: \$5,000.00
PLUS ANY ADDITIONAL SUMS

COUNTY IN WHICH INJURIES WERE
SUSTAINED: **Maricopa**

To the best of Allstate's knowledge, the names and addresses of all persons, firms or corporations and the insurance carriers for such persons, firms or corporations claims by the above-named insurer, or their legal representative, to be liable for damages:

INDIVIDUALS OR ENTITIES

Christopher Reinke
536 Ridge Road
Westtown, NY 10998-2716

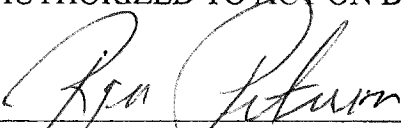
INSURERS FOR INDIVIDUALS OR ENTITIES

Progressive
P.O. Box 94639
Cleveland, OH 44101-4639
Claim No. : 25471497584

THE ABOVE-NAMED CLAIMANTS (INJURED PARTY), IN ACCORDANCE WITH ARIZONA REVISED STATUTES, DOES 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 HEREIN ABOVE CLAIMED TO BE DUE.

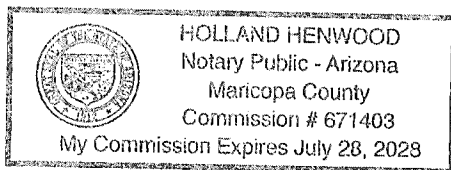
STATE OF ARIZONA)
) SS VERIFICATION OF AUTHORIZED AGENT
COUNTY OF MARICOPA)

ROGER L. PETERSON, AGENT OF ALLSTATE INSURANCE, BEING DULY SWORN, UPON OATH DEPOSES AND SAYS THAT HE/SHE IS AN AGENT OF ALLSTATE INSURANCE, ABOVE SUBSCRIBED AND THAT HE/SHE IS AUTHORIZED TO ACT ON BEHALF OF SAID INSURANCE COMPANY.



Agent of Allstate Insurance
ROGER L. PETERSON, Esq.
7350 N Dobson Rd Unit 103
Scottsdale, AZ 85256
(480) 544-9368

SUBSCRIBED AND SWORN to before me this 14 day of November, 2025.



NOTARY PUBLIC: _____



PROOF OF SERVICE

As an authorized employee of Allstate Insurance Company, I am sending by certified mail, postage prepaid, copies of the Notice and Claim of Insurance Medical Payment Coverage Lien, within five (5) days after the recording of said Notice, to the insured and each liable person, firm or corporation, and the insurance carriers of such persons, firm or corporation, at the addresses listed in this Notice.

Executed this date: 11/17/2025.

/S/ Kathleen Zeiler
Agent or Employee of Allstate Insurance Co.