

# Unofficial 20. Document

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OFFICIAL RECORDS OF  
Maricopa COUNTY RECORDER

DATE:

RECORDING NO:


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

DATE LIEN PREPARED: 11/04/2025

COUNTY: Maricopa STATE: Arizona

Pursuant to A.R.S. §20.259.01(J), GEICO SECURE ("GEICO") asserts a lien against any claim of liability or indemnity of the injured party identified below, arising out of a motor vehicle accident, which occurred on 04/25/2025 within Maricopa County, Arizona. The lien is for all amounts in excess of five thousand dollars (\$5,000.00) and paid by GEICO SECURE under applicable medical payments coverage.

**AGENT OF: GEICO SECURE**  
Michael Moses

  
Signature

**INJURED PARTY'S INFORMATION:** CLAIM NUMBER, NAME, ADDRESS AND ZIP CODE AS SAME APPEARS ON THE RECORDS OF **GEICO SECURE:**

Claim#: **8765375630000003**

Insured:

Jasper Carver

3770 Aspen Ave Ne, APT

1D

Albuquerque, NM, 87110-

5608

Attorney:

Accident Law Group

2141 E Broadway Rd, STE

211, Tempe, AZ, 85282-

1895

TOTAL MEDICAL PAYMENTS PAID: \$ 9,139.61  
Less \$5,000.00 -\$ 5,000.00  
AMOUNT CLAIMED BY THIS LIEN: \$ 4,139.61  
PLUS ANY ADDITIONAL SUMS: \$ 0

COUNTY IN WHICH INJURIES WERE  
SUSTAINED: Maricopa

TO THE BEST OF **GEICO SECURE** 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:

Claimant:

Adverse Carrier:

Brian Sadler  
151 S Moonlight Dr #2  
Star Valley, AZ 85541

Dairyland  
1800 N Point Dr, Stevens Point, WI,  
54481-1253

THE ABOVE NAMED 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 MEDICAL EXPENSES OF THE ABOVE NAMED INJURED PARTY IN THE SUM HEREINABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA )

) ss. **VERIFICATION OF AUTHORIZED AGENT**

COUNTY of Maricopa)

Michael Moses, AGENT OF **GEICO SECURE**, BEING FIRST DULY SWORN, UPON OATH DEPOSES AND SAYS THAT HE/SHE IS AN AGENT OF **GEICO SECURE** ABOVE SUBSCRIBED AND THAT HE/SHE IS AUTHORIZED TO ACT ON BEHALF OF SAID INSURANCE COMPANY.

  
Agent of **GEICO SECURE**

Name: Michael Moses

Address: 500 SW 39<sup>th</sup> St Renton, WA 98057

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5 day of November, 2025.

Unofficial Document

Notary Public 

My Commission expires:

08/15/2028



**JORDAN DEROP**  
Notary Public - Arizona  
Pima Co. / #671947  
Expires 08/15/2028

#### AFFIDAVIT OF PROOF OF SERVICE

**Michael Moses**, AGENT, BEING DULY SWORN, UPON OATH DEPOSES AND SAYS THAT HE/SHE IS AN AUTHORIZED AGENT OF **GEICO SECURE** NAME 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 4<sup>th</sup> DAY OF NOVEMBER, 2025, DID SEND BY 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.

Agent of **GEICO SECURE**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ day of \_\_\_\_\_, 2025.

Notary Public \_\_\_\_\_

My Commission expires:

\_\_\_\_\_