

Unofficial Document

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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NOTICE AND CLAIM OF LIEN AGAINST EXCESS MEDICAL PAYMENTS

DATE LIEN PREPARED: NOVEMBER 14, 2025 **COUNTY:** MARICOPA **STATE:** ARIZONA

CLAIMANT:

AMERICAN FAMILY INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WISCONSIN 53783

AUTHORIZED SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE:

X SUSAN C. BEYETTE

INSURED INFORMATION: ELISA URQUIZA
NAME AND ADDRESS AS IT APPEARS
ON THE RECORDS OF THE INSURER.
9509 E. FAIRBROOK STREET
MESA, ARIZONA 85207

INSURERS INFORMATION: AMERICAN FAMILY INSURANCE COMPANY
NAME AND ADDRESS AS IT APPEARS
AT THE INSURER'S PRINCIPAL OFFICE IN THIS STATE.
6000 AMERICAN PARKWAY
MADISON, WISCONSIN 53783
CLAIM #01008698086
ATTN: NICOLE McBANE
(608) 722-2565

AMOUNT CLAIMED DUE FOR EXCESS MEDICAL PAYMENTS: \$9,119.00

DATE THE PAYMENT WAS ISSUED: 9/26/2025

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:

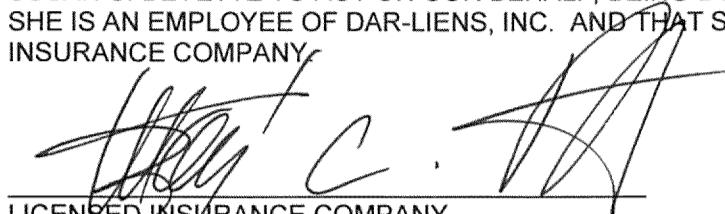
CAHYLEE CHAN
450 S. ACACIA #1097
MESA, ARIZONA 85204

GEICO DIRECT INSURANCE
P.O. BOX 509119
SAN DIEGO, CALIFORNIA 92150
(866) 729-5201
CLAIM #8820480670000001
POLICY #6170527557
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.

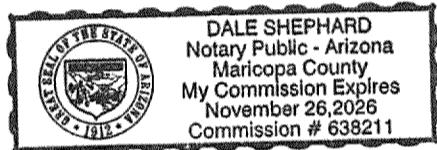
STATE OF: ARIZONA)
COUNTY OF: MARICOPA) SS
VERIFICATION TO AUTHORIZE
DAR-LIENS, INC.

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 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