

Unofficial Document

When recorded mail to:

Name: _____

Address: _____

City/State/Zip: _____

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STATE OF IOWA)

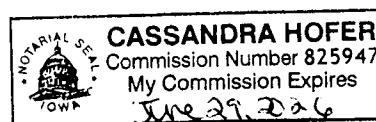
County of Warren)

Kristine Till, being first duly sworn, upon her oath deposes and states that she is an adjuster or agent of Nationwide Mutual Insurance Company, and makes this Notice and Claim of Medical Payments Lien for and on behalf of the company, being authorized to do so; that the statements contained in the foregoing Notice and Claim of Medical Payments Lien are true.

Kristine Till
 (date) 11/7/25

SUBSCRIBED AND SWORN to before me this 7th day of
November, 2025.
Unofficial Document

Cassandra Hofer
 Notary Public



AFFIDAVIT OF MAILING

STATE OF IOWA)

) ss.

County of Warren)

Kristine Till, being first duly sworn, upon her oath deposes and states that she is the adjuster or Agent of Nationwide Mutual Insurance Company, Claimant in the foregoing Notice & Claim of Medical Payments Lien; that she did within five (5) days after recording of said Notice & Claim of Medical Payments Lien in Maricopa, Arizona and on the 7th day of November, 2025 mail a copy thereof, certified mail, postage pre-paid, and to each person, firm or corporation and the insurance carrier of such person, firm, or corporation claim in said Notice & Claim of Medical Payments Lien to be liable for damages, at the address given in the foregoing statement.

Kristine Till

November SUBSCRIBED AND SWORN to before me this 7 day of November, 2025.

Unofficial Document

Cassandra Hofer

Notary Public

