

PAYMENT NO 1 25 415273 J
PAYMENT AMOUNT \$13,263.67
ISSUE DATE 06-08-2026
AUTHORIZED BY HAIRSTON-HENRY, ALEXANDRIA
PHONE (844) 292-8615

CLAIM NO 53-72S1-35H
LOSS DATE 08-12-2024
POLICY NO 5452-945-53
INSURED CANO, GILBERTO

COUNTY OF HIDALGO
9805 N 10TH ST
MCALLEN TX 78504-9529

REMARKS Re: 08/12/2024 DOL

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
PROPERTY DAMAGE LIABILITY	HIDALGO COUNTY SHERRIFFS OFFICE	13,263.67

RETAIN STUB FOR RECORDS

State Farm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY 1 25 415273 J
AUTO INJURY JPMORGAN CHASE BANK, NA 56-1544/441
INJ D1 OFFICE PAGECNTQ.P26INJ COLUMBUS OH

CLAIM NO 53-72S1-35H INSURED CANO, GILBERTO
LOSS DATE 08-12-2024

DATE 06-08-2026
MM DD YYYY

*****EXACTLY
THIRTEEN THOUSAND TWO HUNDRED SIXTY-THREE AND 67/100 DOLLARS

\$*****13,263.67

Pay to the
Order of: COUNTY OF HIDALGO

Jon Carney
AUTHORIZED SIGNATURE
Mark Schwaninger
AUTHORIZED SIGNATURE

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING - CHECK IS VOID IF DISCOLORED AREAS APPEAR ON FACE OF CHECK

⑈ 25 174 15273 ⑈ ⑆ 044 115443 ⑆

627 119209 ⑈

GREEN DROPOUT APPEARS ON FACE OF DOCUMENT

VOID IF GREEN COLORED BACKGROUND IS MISSING