



Allstate Insurance Company - Claims Payment Processing  
P.O. Box 660636, Dallas, TX 75265, United States



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

07/28/2026

COUNTY OF HIDALGO,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$11,409.40 FOR YOUR LOSS ON 2/20/2026.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0820444198

DATE OF LOSS: 02/20/2026

INSURED: REYNALDO GUITIERREZ

In payment for Property Damage for Date of Loss 2/20/2026 .

ALLSTATE COUNTY MUTUAL INSURANCE COMPANY  
1-800-255-7828

0000020260728003034ZCT02001001003164  
CCHK0000020260728003034ZCT02CCP

0000142540 CCCCPCZTRI P001/001 S0003034

INSURED: REYNALDO GUITIERREZ  
CLAIMANT: COUNTY OF HIDALGO  
IN PAYMENT OF: LOSS ON 2/20/2026.

PAY: ELEVEN THOUSAND FOUR HUNDRED NINE DOLLARS AND FORTY CENTS



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

|                                                    |                                        |                |
|----------------------------------------------------|----------------------------------------|----------------|
| CLAIM NUMBER                                       |                                        | 284262357      |
| 0820444198                                         |                                        |                |
| TAX ID                                             | EMPLOYEE ID                            | 64-1278<br>611 |
|                                                    | KNAB                                   |                |
| Bank of America NA<br>Atlanta, Dekalb Cty, Georgia | Bank of America<br>Customer Connection |                |

\$ 11,409.40

|                                                   |      |             |
|---------------------------------------------------|------|-------------|
| INVOICE NUMBER                                    | MCO  | DATE ISSUED |
| 8566058701                                        | 5060 | 07/28/2026  |
| COMPANY: ALLSTATE COUNTY MUTUAL INSURANCE COMPANY |      |             |

Allstate Family of Companies

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

AUTHORIZED SIGNATURES

284262357 061112788 329 911 9562