

Recording Requested by  
And When Recorded Mail to:

CSAA Insurance Group  
P.O. Box 24523  
Oakland, CA 94623

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dr.

## NOTICE OF STATUTORY MEDICAL PAYMENTS LIEN

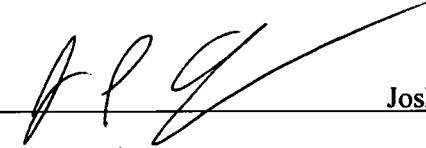
Please take notice that **Western United Insurance Company**, doing business as **CSAA Insurance Group**, holds a perfected lien pursuant to Arizona Revised Statutes §20-259.01 with respect to certain payments made to or on behalf of the insured named below.

Name of Insured(s)	John Sellar
Address of Insured(s)	6609 W. Madre Del Oro Dr., Phoenix, AZ 85083
Name of Insurer	Western United Insurance Company doing business as CSAA Insurance Group
Address of Insurer	PO Box 24523 Oakland, CA 94623
Insurer's Claim Number	1004-69-3987
Amount Claimed	\$3,343.44 (not final)
Name and Address of Person(s) liable for damages arising from the accident that gave rise to the amount claimed.	Esha Saraswat 27017 N. 65 <sup>th</sup> Lane, Phoenix, AZ 85083

In Witness Whereof, this Notice has been executed this 31st day of October 2025 by the undersigned.

Western United Insurance Company, doing business as  
CSAA Insurance Group

By



Josh Allton

Its representative