

Unofficial Document

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 th 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

Its representative

Josh Allton