

15897
State Compensation Department, Claimant

vs.

BRUCE GERARD HOUCK, PAULA ELNA (MRS. B.G.) HOUCK,
dba CHUCK WAGON RESTAURANT Defendant

M-67 Date 5718 280140 (16)

NOTICE OF LIEN

CLAIM

Filed Pursuant
to ORS 656. 564
In the County of

Klamath

Notice is hereby given that the State Compensation Department of Oregon claims a lien
on the following described property:

The following real property situated in the County of Klamath, State of Oregon, to-wit:
The ground, or first floor, and basement of that certain business building located on
the following described premises, to-wit:

Situate in the City of Klamath Falls, Klamath County, Oregon, the easterly 53 feet 4 inches
of Lot 7 and the Westerly 20 feet of Lot 8 of Block 38 of TOWN OF LINKVILLE, now City of
Klamath Falls, Oregon, as shown by the plat thereof on file and of record in the office
of the County Clerk of Klamath County, Oregon, except a portion thereof 21 x 60 feet
on the Westerly corner of said premises, said excepted parcel having a frontage of 21 feet
on Main Street and extending Southeasternly a depth of 60 feet.

for the following amount due the Industrial Accident Fund on account of the employment
of workmen by the above-named Defendant during the period January 1, 1967 through
March 31, 1967, in the occupation of Restaurant:

Employer Contributions	\$ 833.59
Workmen's Contributions	\$ 47.58
Penalty	\$ 881.17
Interest	\$ 81.69
	\$ 24.51
	\$ 987.37
Less payments and other credits	\$ 64.31
Amount for which lien is claimed =	\$ 923.06

together with interest at the rate of one per cent per month from the 1st day of
August, 1967 on the sum of \$ 816.86.

Written demand for the amount of employer and workmen's contributions then due for the
above period was made on said defendant on June 9, 1967 and said
defendant failed to pay said amount within ten days after said written demand and was
thereby in default and subject to the above penalty and interest. No portion of the
amounts due during said period for employer or workmen's contributions, penalty, or
interest has been paid nor are there any credits against same except as indicated above.

{ DEPARTMENT
SEAL }

STATE COMPENSATION DEPARTMENT

By H. E. Osborn

STATE OF OREGON)
County of Marion) ss.

I, H. E. OSBORN, being first duly sworn on oath depose and say that I
am Director of the Credit & Adjustment Division of claimant Department, and that I am
familiar with the above Notice of Lien Claim, that I have authority to execute said
Notice, and that the matters set forth therein are true. H. E. Osborn

ss

{ Notary
Seal }

Subscribed and sworn to before me
this 25th day of July, 1967
Key C. Leinachert
Notary Public for Oregon
My Commission expires APR 15 1968

Form 565

STATE OF OREGON; COUNTY OF KLAMATH; ss:

Filed for record at request of State Compensation Dept.
this 26 day of July, A. D. 1967, at 4:13 o'clock P. M., and
duly recorded in Vol. M-67, cf Mechanic Lien on Page 5718
DOROTHY ROGERS, County Clerk
Fee \$1.50
By Janey Leach

HS