16399 73 Page 84563 338778-70 (4 State Accident Insurance Fund NOTICE OF LIEN Claimant, CLAIM Filed Pursuant to ORS 656. 566 CHARLES R. CRAYNE, FRANK LADY, AKA FRANK T. In the County of LADY, JR., DBA C & L LOGGING Klamath Defendant Notice is hereby given that the State Accident Insurance Fund of Oregon claims a lien on the following described property: All real and personal property of the defendants including: 1956 Page Log Trailer, License No. TL92796, S/N 10433; 1966 CMC Pickup, License No. GBK931, S/N 1002ZF14459A; 1965 Chevrolet 2-door Hardtop, License No. ACH412, S/N 164375J217788; 1964 Lincoln 4-door Sedan, License No. CAM775, 8/N 4Y82N424861; 1951 Crown Recreational Trailer, License No. R455002, S/N 1451648; 1 - Caterpillar D7 Tractor, S/N 17Al5406, 7A Dozer, S/N 17Cl7963, #24 Cable Control, S/N 33E1113, Hyster D7D Winch, S/N A47P2862D. for the following amount due the Industrial Accident Fund on account of the employment of workmen by the above-named Defendant during the period Logging Employer contributions 28.32 Workman's contributions 403.72 132.94 43-21 Penalty 1,579.87 Interest 85.00 Less payments and other credits 1,494.87 Amount for which Lien is claimed together with interest at the rate of one per cent per month from the 1st day of \_, 19\_\_74, on the sum of \$\_\_1,329.37 Written demand for the amount of employer and workmen's contributions then due for the \_, 19<u>73</u>, and said above period was made on said delendant on October 26, 19 13, and said defendant failed to pay said amount within ten days after said written demand and was October 26 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. STATE ACCIDENT INSURANCE FUND ( Fund Seal STATE OF OREGON ) County of Marion ) css. , being first duly sworn on oath depose and say that I am I, being first duly sworn on oath depose and the Notice of Lien Credit Manager of claimant Fund, and that I am familiar with the above Notice of Lien Credit Manager of claimant Fund, and that I am familiar with the matters set forth Claim, that I have authority to execute said Notice, and that the matters set forth Ret: State andest therein are true. Subserized and sworn to before me ( Notary Notary Public for Oregon My Commission expires .!!! STATE OF OREGON; COUNTY OF KLAMATH; ss. Filed for record at request of \_\_\_\_\_State Accident Insurance Fund this 27th day of Dec. A.D., 1973 at 12:08 o'clock \_\_\_\_PM., and duly recorded in Vol. M73 of Mechanic's Lians WM. D. MILNE, County Clerk

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