Rut: STATE ACCIDENT INSURANCE FUND C 400 High Street S.E., Salem, OR 97312-1	CORPORATION ) 000 )	Vol. <u>M81</u> Page <b>4475</b> <sup>433438-104</sup>
	) Claimant, )	NOTICE OF LIEN
Elvie & Anna Beedy dba	)	CLAIM
aka Elvie K Beedy aka Anna M Beedy	VS ) )	Filed Pursuant to ORS 656. 566 in the County of
EK Beedy & Son Homebldg Main	tenance ) Defendant )	Klamath

Notice is hereby given that the State Accident Insurance Fund Corporation of Oregon claims a lien on the following described property: All real and personal property of the defendant situated in Klamath County, State of Oregon. Including the following:

Lot 4 of Block 2 of Mills Gardens, Klamath County, Oregon.

for the following amount due State Accident Insurance Fund Corporation on account of the employment of workers by the above named defendant during the period <u>October 29</u>, 1984 through <u>December 31</u>, 19 85 in the occupation of Janitorial

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· · ·	Employer Contributions Workers' Contributions	<b>\$</b> 615.78
		<b>\$</b> 724.98
<b>X</b> :: 0	Penalty Interest	72.50
<b>O</b> .7	interest	<u>    118.51                              </u>
	Less payments and other credits	00.00
28.	Amount for which Lien is claimed	\$ <u>915.99</u>

together with interest at the rate of one percent per month from the first day of \_\_\_\_\_April\_\_\_ , 1<u>9 87</u>, on the sum of \$\_724.98\_\_\_\_. Written demand for the amount of employer and workers' contributions then due for the above period was made on said defendant on \_June\_25\_\_\_\_, 1986\_\_, and said defendant failed to pay said amount within thirty 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 workers' contributions, penalty or interest has been paid nor are there any credits against same except as indicated above.

.... Corp ( Seal STATE OF OREGON

STATE ACCIDENT INSURANCE FUND CORPORATION

L. M. U.). Bv

County of Marion (S) ss. I, H. N. Wineland \_, being first duly sworn on oath depose and say that I am Credit Manager of claimant State Accident Insurance Fund Corporation, and that I am familiar with the above Notice



S.N.	U)	·L	Ð
			<i>/</i>

Subscribed and sworn to before me this 13th day of \_\_\_\_\_March

\_, **19**\_87\_

Notary Public for Oregon

My Commission expires 4-20

X106 12/

N°?

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed fo					Fund Corporatio		18th	dav
of	March	_ A.D., 19 <u>87</u>	at1	2:47	o'clock P_M.,	and duly recorded	in Vol. <u>M87</u>	,
		of <u>Coun</u>	<u>ty Lien D</u>	ocket	on Page	4475		
FEE	\$5.00				Evelyn Biehn By	n, County C	lerk	the second