STATE ACCIDENT INSURANCE FUND C 400 High Street S.E., Salem, OR 97312-10	ORPORATION)	Vol. <u>///8'/</u> Page
the man order o.e., Salem, OR 9/312-1		414595–106
	Claimant,	NOTICE OF LIEN
Bixler Real Estate Company	vs)	CLAIM Filed Pursuant
)	to ORS 656. 566 in the County of

Defendant

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.

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>August 2</u>, 19_85 through June 30, 19_____86 in the occupation of _____Real_Estate_School

<u>Estate</u> School	
Employer Contributions Workers' Contributions	\$ 35.46
Penalty Interest	\$ 77.06 5.71
	\$ 88.33
Less payments and other credits	20.00
Amount for which Lien is claimed	\$68.33

Klamath

together with interest at the rate of one percent per month from the first day of ____April____ on the sum of \$______. Written demand for the amount of employer and workers' contributions then due for the above period was made on said defendant on _December 12___, 19.86__, 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 County of Marion <) ss.

STATE ACCIDENT INSURANCE FUND CORPORATION By. 0

G. Jo Nenec , being first duly sworn on cath depose and say that I am Credit Manager of claimant State Accident Insurance Fund Corporation, 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.

Notary Seal ...

Subscribed and swoin to before me this 19th day of March _, 19<u>_87</u>___

Notary Public for Oregon

My Commission expires ____

X106 12/8

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for of	record at request March	A.D., 19 87 at 10:14 o'clock <u>A.M.</u> , and duly recorded in Vol. <u>M87</u>
FEE	\$5.00	By County Clerk By By

RAP: STATE ACCIDE