Vol 788 436507-1869 ge 8220

87652 STATE ACCIDENT INSURANCE FUND CORPORATION 400 High Street SE Salem, OR 97312

Claimant.

VS.

Lon & Bonnie Mabon dba Community Care Home

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Defendant.

CLAIM Filed Pursuant to ORS 656.566 In the County of

NOTICE OF LIEN

Klamath Notice is hereby given that 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 January 1 , 1987, through March 31 19 87 in the occupation of Adult Community Ca

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together with interest at the rate of one percent per month from the first day of June **, 19** 88, on the sum of **\$** 96.94 . Written demand for the amount of employer and workers' contributions then due for the above period was made on said defendant

on May 26, , 19₈₇, 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.

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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 of Lien Claim, that I have authority to execute said Notice, and that the matters set forth therein are true.

Subscribed and sworn to before me this 17th day of May 088

for My Commission Expires

gjh/45488/88/03/15

Notary (Seal

(Comp) (Seal) STATE OF OREGON SS Dy County of Marion

STATE OF OREGON: COUNTY OF KLAMATH:

Filed	for record	at request of	f <u>State</u>	Accident]	Insurance Fund	1 Corn			
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