STATE ACCIDENT INSURANCE 400 HIGH ST SE	FUND CORPORATION)	Policy 469017
SALEM, OR 97312	Claimant,)	SATISFACTION OF LIEN
	vs.)	Filed Pursuant
Melva J. Inlow, dba	:	,	to ORS 656.566
U Neek Creations	Employer.)	

KNOW ALL MEN BY THESE PRESENTS, that State Accident Insurance Fund Corporation for and in consideration of the sum of \$293.76, hereby acknowledges full satisfaction of a certain lien filed against the above-named defendant and in favor of State Accident Insurance Fund Corporation, which said lien is duly recorded in Klamath County, State of Oregon, in Record of Lien, Instrument No. 18329, Volume M90, Page 15322, on the 1st day of August, 1990, and the County Clerk of said County is hereby authorized and directed to satisfy said lien of record.

Corp) Seal

STATE OF OREGON SS County of Marion

STATE ACCIDENT INSURANCE FUND CORPORATION

I, H.N. Wineland, being first duly sworn on oath depose and say that I am Credits Manager for State Accident Insurance Fund Corporation of the State of Oregon, and that by order of State Accident Insurance Fund Corporation. I have the authority to execute this instrument and that I executed the foregoing Satisfaction of Lien and affixed the seal of State Accident Insurance Fund Corporation for and on behalf of said Corporation.

ANNIE VERSTEEG NOTARY, PUELICA POREGOS My Commission Especial

Subscribed and sworn to before me this 24th day 19<u>90</u>

Notary Public for Oregon

My Commission Expires 5

j1c/3756B/90/10/24

Return: MTC

STATE OF OREGON. County of Klamath

Filed for record at request of:

Mountain Title Co. lst day of ____Nov. A.D., 19 90 on this _ A M. and duly recorded o'clock __ in Vol. _____M90 of Co. Lien Page 21953
Docket County Clerk Evelyn Biehn By Obelline Mulendare Deputy.

Fee. \$5.00