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Vol.m91\_Page\_960

STATE ACCIDENT INSURANCE FUND CORPORATION 400 HIGH ST SE SALEM, OR 97312 Claimant,

VS.

Policy 396290-108

SATISFACTION OF LIEN

Filed Pursuant to ORS 656.566

Todd L. Kellstrom & Scott C. Kellstrom dba, Kellstrom Bros. Painting

Employer.

KNOW ALL MEN BY THESE PRESENTS, that State Accident Insurance Fund Corporation for and in consideration of the sum of \$4,767.19, 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, Volume M90, Page 3821-3822, on the 28th day of February , 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

ACTING CREDIT MANAGER

I, L.W. McFarland, being first duly sworn on oath depose and say that I am Acting Credit 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.

( Notary ) ( Seal. 103 . . . .

dln/4040B/91/11/01

Return: Kellstrom Bros. 1416 Main Klamath Falls, Or. 97601

and sworn to before me this //// dayof Notary Public for Oregon

My Commission Expires 🥭

STATE OF OREGON, County of Klamath

Filed for record at request of:

	Kellstr	om Bros	•			
on this _	15th	day of	Jan	A.D.,	19	<u>)1</u>
	11	o'clock	A_M.	and du	ly reco	rded
at <u></u>	M91 Biehn	of Co.	Lien	Page _	960	·
in voi	<u>-12-</u> DC	ocket C	ounty Cle	rk		
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