STATE ACCIDENT INSURANCE FUND CORPORATION | Policy 415682-112 | 400 HIGH ST SE | SALEM, OR 97312 | Claimant, | SATISFACTION OF LIEN | Filed Pursuant to ORS 656.566 | to ORS 656.566 | to ORS 656.566 | Employer.

KNOW ALL MEN BY THESE PRESENTS, that State Accident Insurance Fund Corporation for and in consideration of the sum of \$872.64, 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 25568, on the 28th day of December, 1990, and the County Clerk of said County is hereby authorized and directed to satisfy said lien of record.

(Corph) (Sea日)

STATE ACCIDENT INSURANCE FUND CORPORATION

STATE OF OREGON SS

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) Subscribed and sworn to before me this of day of Anuary 99/

Notary Public for Oregon

My Commission Expires $\frac{3/28/9}{2}$

dln/4097B/91/01/28

STATE OF OREGON, County of Klamath ss.

Return: Wilbur A. Walker (Marie L.) 3110 Pine Grove Klamath Falls, Or. 97603

Filed for record at request of:

		<u>L. Walk</u>				
on	this 22nd	day of _	March	A D	19 91	_
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in	Vol. M91	of Co	Lien	Dage	5150	u
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_ '					Deputy	٧.

Fee, \$5.00