10-27-93A11:32 RCVD

THEODORE R. KULONGOSKI ATTORNEY GENERAL

70357



THOMAS A. BALMER DEPUTY ATTORNEY GENERAL

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DEPARTMENT OF JUSTICE SUPPORT ENFORCEMENT DIVISION 1495 EDGEWATER N.W., SUITE 290 SALEM, OR 97304 Telephone: (503) 373-7300 FAX: (503) 373-7340 TDD: (503) 378-5938

October 7, 1993

PLEASE RETURN TO:

Department of Justice Support Enforcement Division Central Operations Section 1495 Edgewater N.W., Suite 290 Salem, OR 97304

CREDITOR:

DEBTOR:

EXECUTION DATE:

JAMES R DIXON

MARTHA A DIXON

04-12-88

JUDGMENT INFORMATION:

Amount of Judgment : \$7,515.28 Amount of Costs : Amount of Attorney Fees:

FULL OR PARTIAL SATISFACTION:

cc: Obligor Obligee

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Lien Abstract Cover Sheet FLS 200A (12/92)

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LIEN RECORD ABSTRACT

The undersigned states:

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<u>x</u>

<u>X</u>

х

<u>Creditor/Prevailing Party Information:</u> 1. The creditor/prevailing party is:

MARTHA A DIXON

and the address of the creditor is:

1495 Edgewater N.W., Suite 290

Salem, Oregon 97304

under judgment, decree, order or petition entered on 04-12-88 (date) in the District/Circuit Court for LINN (County) of Oregon (State) under Case No. 870889.

2. The Creditor's attorney's name is

Attorney's Address is:

Attorney's Phone No. is:

B. <u>Debtor/Losing Party Information:</u>
1. The Debtor/Losing Party is:

JAMES R DIXON

2. Whose Address is (if known):

817 N AINSWORTH ST

PORTLAND, OR 97217-2201

3. Social Security No. (if known):

540-66-4404

C. <u>Judgment Information:</u>

1. The amount of the judgment is: \$7,515.28

2. The amount of the costs is:

SED No. 043087088941

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3. The amount of attorney fees, if any is: The Real Property to be Affected (check appropriate box): D. All real property of the debtor/losing party, now or hereafter acquired in KLAMATH County as provided under ORS 18.320 and _X The following described real property of debtor (legal description as set forth or on attached Exhibit): IN WITNESS WHEREOF, the undersigned person or persons have executed this act this ______, 19 2. abstract this ____ Authorized Representative for the State STATE OF OREGON County of POLK ss.) of _ day ment Notary Poblic for Oregon My commission expires: _ 9 Page 2 - Lien Record Abstract FLS 200 (01/93) STATE OF OREGON: COUNTY OF KLAMATH: ss. request of ______ Dept. of Justice ______ the _____ 27th _____ _____ A.D., 19 <u>93</u> at <u>11:32</u> o'clock <u>A</u> M., and duly recorded in Vol. <u>M93</u> of ______ Co. Lien Docket _____ on Page <u>28236</u> Evelyn Biehn . County Clerk Rv Qaudane Muthendare Filed for record at request of _ of _____Oct _ day FEE \$15.00