THEODCRE R. KULONGOSKI ATTORNEY GENERAL

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= 12-01-93A09:42 RCVD

THOMAS A. BALMER DEPUTY ATTORNEY GENERAL



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DEPARTMENT OF JUSTICE SUPPORT ENFORCEMENT DIVISION 1495 EDGEWATER N.W., SUITE 299 SALEM, OR 97304 Telephoae: (503) 373-7300 FAX: (503) 373-7340

TDD: (503) 378-5938

November 15, 1993

PLEASE RETURN TO:

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

CREDITOR:

DIBTOR: EXECUTION DATE:

JEDGHENT INFORMATIONS

State of Oregon, Department of Human Resources, and CECILE R. ADAMS

MICHAEL J. ADAMS

02/08/93

Amount of Judgment : per DHR records

Amount of Costs : Amount of Attorney Fees:

FULL OR PARTIAL SATISFACTION:

cc: Obligor Obligee

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LIEN RHCORD ABSTRACT

The undersigned states:

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

State of Oregon, Department of Human Resources, and CECILE R. ADAMS

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and the address of the creditor is:

1495 Edgewater N.W., Suite 290

Salem, Oregon 97304

under judgment, decree, order or petition entered on 02/08/93 (date) in the District/Circuit Court for JACKSON (County) of Oregon (State) under Case No. 923407S.

2. The Creditor's attorney's name is

Attorney's Address is:

Attorney's Phone No. is:

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

MICHAEL J. ADAMS

2. Whose Address is (if known):

2578 TABLE ROCK RD #30

MEDFORD, OR 97501-1506

3. Social Security No. (if known):

104-56-0161

C. Judgment Information:

1. The amount of the judgment is: per DHR record

2. The amount of the costs is:

SED No. 029TAB756G41

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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 18.350. 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 abstract this ________ date of __________, 19 45. after An Authorized Representative for the State STATE OF OREGON **SS**. The foregoing instrument was acknowledged before me this _____ day November_____, 19<u>93</u>, by ______ H.W. Kapteyp County of POLK of l Vette Notary Public for Oregon My commission expires: OFFICIALSEAL JUDY L PETTY NOTARY PUBLIC-ONEGON COMMISSION NO. (22207 MY COMMISSION EXPIRES MARCH 10, 1997 Page 2 - Lien Record Abstract FLS 200 (01/93) STATE OF OREGON: COUNTY OF KLAMATH: SS. day _ the ______ A.D., 19 93 at 9:42 o'clock A_M., and duly recorded in Vol. M93 Filed for record at request of _ _____ on Page __31818_ of _____ Dec. of _____ Co. Lier Docket Evelyn Biehn County Clerk By Solanding (Milling State FEE \$15.00