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BOOK 210 PAGE 525

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CAMOSER
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Return Address:

PITNER DRILLING & PUMPPO BOX 1570WOODLAND, WA 98674**CLAIM OF LIEN**

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/07:		(please print last name first)
Reference # (If applicable):		
Grantor(s) (Owner): (1) <u>MICHAEL ST. JOHN</u>	(2)	Add'l. on pg.
Grantee(s) (Claimants): (1) <u>DONALD R. PITNER Sr.</u>	(2)	Add'l. on pg.
Legal Description: (abbreviated): <u>Lot #2, Robson short plat, Bk 3, Pg. 292, 5.07 Acres</u>		Legal is on page.
Assessor's Property Tax Parcel /Account #	<u>02-05-3000-180300</u>	

DONALD R. PITNER Sr.
Claimant
vs.
MICHAEL St. John
Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: DONALD R. PITNER Sr.
TELEPHONE NUMBER: 360-225-6935 ADDRESS: P.O. Box 1570, Woodland, WA. 98674
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 3-23-01
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MICHAEL St. John
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot #2, Robson Short Plat, Book 3 Pg. 292, 5.07 Acres NW 1/4 OF THE SE 1/4 SEC 30 T2N R5EWM, PARCEL # 02-05-3000-180300
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): MICHAEL ST. JOHN
TELEPHONE NUMBER: 503-284-0415 ADDRESS: 2338 NE 18th Ave, Portland, Oregon 97212
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: 3-23-01



Claim of Lien
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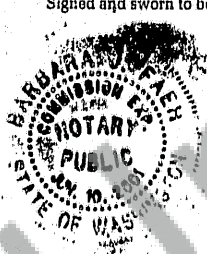
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 4,154.64
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: NO

Donald R. Pitner
 Claimant
DONALD R PITNER Sr.
 Print or Type Name
P.O. Box 1570
 Address
Woodland, WA. 98674
360-225-6955
 Telephone Number

STATE OF WASHINGTON
Clark
 County of STANLEY } SS.

DONALD R. PITNER Sr., being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause and is not clearly excessive under penalty of perjury.

Signed and sworn to before me on this 31st day of May, 2001.



Barbara J. Faeh
 Print Name Barbara J. Faeh
 Notary Public in and for the State of Washington
 My appointment expires: 6-10-01

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

