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BY Don PitnerJAN 7 1 24 PM '03
SMITH

J. MICHAEL SMITH

Return Address:

PITNER DRILLING & PUMP, INC.

P.O. BOX 1570

WOODLAND, WA. 98674

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 60.04) 1/02

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner(s)): _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimant(s)): _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): SEC. 25 T2N R5EWM Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account #: 02-05-25-0-0-0800-00

PITNER DRILLING & PUMP, INC. _____

VIVIAN A. & DAVID ADKINS _____

VIVIAN A. & DAVID ADKINS _____

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: PITNER DRILLING & PUMP, INC.
TELEPHONE NUMBER: 360-225-6955 ADDRESS: P.O. BOX 1570, 1100 NW 11 AVES
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: 9-27-02
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: VIVIAN & DAVID ADKINS
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
description or other information that will reasonably describe the property): 11.42 ACRES, OFF
OF MAEBEE MINES RD. NE 1/4 OF THE SE 1/4 SEC 25 T2N R5EWM
TAX PARCEL # 02-05-25-0-0-0800-00
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): VIVIAN ADKINS
TELEPHONE NUMBER: 360-604-4328 ADDRESS: 46019 NE 112th AVE R-102
VANCOUVER, WA. 98682
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: 10-09-02



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 16,623.99

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: NO

Claimant
DONALD R. PITNER, PRESIDENT
 Print or Type Name
P.O. BOX 1570, 1100 NW HAYES RD.
 Address
WOODLAND, WA. 98674
360-225-64955
 Telephone Number

STATE OF WASHINGTON

County of CLARK

ss.

Donald R. Pitner, 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.

Donald R. Pitner

Signed and sworn to before me on this 6th day of JANUARY 2003.



Marjorie Sarah Reed

Print Name MARJORIE SARAH REED

Notary Public in and for the State of WASHINGTON

My appointment expires: 5-22-2005

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.



Claim of Lien

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