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BOOK 175 PAGE 754

FILED RECORD
SEAL WASH
BY TVBS

APR 17 1 43 PM '98

O'Leary
AUDITOR

GARY N. OLSON

Return Address:

Tualatin Valley Builder's Supply Inc.

PO Box 1138

Lake Oswego, Oregon 97035

CLAIM OF LIEN

Encoding information required by the Washington State Auditor/Recorder's Office, RCW 36.18 and RCW 65.04 1/97: (Please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) Lohr, Frederick R (2) Lohr, Tonnie Addl. on pg _____

Grantee(s) (Claimant): (1) Tualatin Valley Builder's Supply Inc. Addl. on pg _____

Legal Description (abbreviated): Lot 9 Riverside Estates Addl. legal is on page _____

Assessor's Property Tax Parcel/Account # 02-05-29-30-1300-00 Vol 141 Page 694

Tualatin Valley Builder's Supply

Claimant

O'Sheas Woodworking

vs.
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: Tualatin Valley Builder's Supply Inc.
TELEPHONE NUMBER: 503-697-3763 ADDRESS: PO Box 1138
Lake Oswego, Or 97035
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: December 27, 1997
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: O'Sheas Woodworking
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 131 Jennifer Way; Parcel 02-05-29-30-1300-00
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unpermitted") & ADDRESS: 131 Jennifer Way, Washington
TELEPHONE NUMBER: 98671
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: January 26, 1998



State of Washington
Auditor/Recorder's Office
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2,945.22, which includes finance charges through March 25, 1998 and recording fees.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

[Signature]
 Claimant
 Steven A. Hillier - Treasurer
 Print or Type Name
 PO Box 1138
 Address
 Lake Oswego, Oregon 97035
 503-697-3763
 Telephone Number

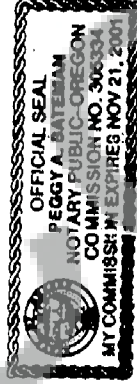
Oregon
 STATE OF ~~WASHINGTON~~

County of Clackamas } ss.

being sworn, says, I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

Date this 14th day of Nov. 1998

[Signature]
 Print Name Peggy A. Bateman
 Notary Public in and for the State of Oregon
 My appointment expires: Nov 21, 2001



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.

Unpaid Invoices:

12/23/97	2060822	1236.48
12/24/98	2060966	691.22
12/29/97	2061150	481.35
01/02/98	2061439	269.06
01/05/98	2061512	168.47
01/06/98	2061619	20.81
01/08/98	2061840	18.53
01/19/98	2062548	110.13
01/20/98	2062706	209.76
01/26/98	20631875	25.54

