141853 BOOK 2/2 PAGE 954 FILED FOR RECORD SKAMANIA OZ WASH BY Mashe Manufield Jul 30 3 38 PH '01

Claury

AUDITORY Return Address: JON MANSFIELD P. O. Box 309 -North Bonneville, Wash, 98639 CLAIM OF LIEN d by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: Reference # (If applicable): Grantor(s) (Owner): (1) John Davidson (2) Susan Lewis Add'l. on pg. Grantee(s) (Claimants): (1) Jon Mansfield \_(2)\_ . Add'l. on pg. Legal Description (abbreviated): Lot 8 Blk 7 Relocated N. Bonneville
Assessor's Property Tax Parcel /Account # 02-07-20-4-3-0800-00 Add'L legal is on page Jon Mansfield Fag-tra-mt Claimant ledried in John Davidson & Susan Lewis 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: NAME OF LIEN CLAIMANT: Jon Mansfield TELEPHONE NUMBER 09-427-8191 ADI North Bonneville, Wash 98639 ADDRESS: P.O. Box 309 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:

May 4, 2001 NAME OF PERSON INDEBTED TO THE CLAIMANT: John Davidson & Susan Lewis DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property). Tass 2 feet high. Received call from Grants Pass to move lot before city fines for high grass. Double Mowing for first moving of the year NAME OF THE OWNER OR REPUTED OWNER (Linot known state unknown): John Davidson & Susan Lewis TELEPHONE NUMBER: 1-541-474-6348 ADDRESS: 2765 Favill Lane - Grants Pass, 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

Ciona of Loss GWashington Logal Blank, Inc., Invarianth, WA. Forda No. 90, 10/98 MATERIAL MAY NOT BE REPRODUCED BY WHOLE OR IN PART IN ANY FORM WHATSOEVER.

May 4, 2001

BOOK 2/2 PAGE 965

Claimant	IS THE CLAIMANT IS THE ASSICT	NEE OF THIS CLAIM SO STATE HERE.
Print or Type Name    Description   Descript	in the canadate to the Assist	NEB OF THIS CEALST SOSTATE HERE.
Print or Type Name  Address P.O. Box 309 M. Saunteum  509-927-819  Telephone Number  SS.  Solon Mans Field  being sworn, says: I am the claimant for attor- ey of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above amed; 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 cuse, and is not desired excessive inder penalty of perjury.  Signed and sworn to before me on this  Print Name  Liene E. Bitiko Q.  Notary Public in and for the State of Washington  My appointment expires:  2-27-02  WAS  OTTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE  LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIATE OF FOLLIMMENT  LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIATES OF FOLLIMMENT		
Address P.O. Box 309 N. South Part of South Print Name		Claiman!
Address P.O. Box 309 N. Southern Story Telephone Number  FATE OF WASHINGTON  SS.  Doing sworn, says: I am the claimant (or attorage of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above amed; 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 classify excessive nader penalty of perjury.  Signed and sworn to before me on this  Signed and sworn to before me on this  Print Name		- Jon Managella
Telephone Number  Telephone Number  SS.  Deing 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 amed; I have read or heard the foregoing claim, read and know the contents thereof, and be lieve the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable crue, and is not claimly excessive inder penalty of perjury.  Signed and sworn to before me on this		Ton Maustield
Telephone Number  SS.  Solution of Alexander  Signed and sworn to before me on this  Signed and sworn to be fore the true to the true to the true to the true to		Address PD ROX 309 N Rullow
Telephone Number  SS.  Sounty of Annana Security of Se		
SS.  Sounty of Annual Steel St		
SS.  Sounty of Mans Field  Deling sworn, says: I am the claimant (or attor- ey of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above amed; 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 cruse, and is not clearly excessive ander penalty of perjury.  Signed and sworn to before me on this  Authorize  Print Name  Liene E. Bitiko  Notary Public in and for the State of Washington  My appointment expires: 27702  WAS  OTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE  FAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT  LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOILIPMENT		l elephone Number
being sworn, says: I am the claimant (or attorage of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above amed; I have read or heard the foregoing claim, read and know the contents thereof, and be lieve the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable couse, and is not classify excessive and repenalty of perjury.  Signed and sworn to before me on this  Augustian  Augustia	ATE OF WASHINGTON	
being sworn, says: I am the claimant (or attorage of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above amed; I have read or heard the foregoing claim, read and know the contents thereof, and be lieve the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cruse, and is not classify excessive inder penalty of perjury.  Signed and sworn to before me on this  Author  My appointment expires:  Author  My appointment expires:  Author  Author  M	A 10 10 10 10 10 10 10 10 10 10 10 10 10	\
Signed and sworn to before me on this  Signed and sworn to before me on this  ONOTARY  Print Name  Liene  My appointment expires:  OTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE LIEAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT  LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OF FOILIPMENT	sunty of Skamania	) ~
Signed and sworn to before me on this  Signed and sworn to before me on this  ONOTARY  Print Name  Liene  My appointment expires:  OTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE LIEAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT  LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OF FOILIPMENT		
Signed and sworn to before me on this	T. M C.	
Signed and sworn to before me on this  OTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE EAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOILIPMENT		
Signed and sworn to before me on this    Signed and sworn to before me on this   26 <sup>th</sup>   day of   July   2001    Lient   Lien	al or are cremment, or somministrate	or, representative, or agent of the trustees of an amployee benefit blank above
Signed and sworn to before me on this    A	amed; I have read or heard the foreg	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be to be
Signed and sworn to before me on this	amed; I have read or heard the foreg nd correct and that the claim of lien	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be to be
Print Name	amed; I have read or heard the foreg nd correct and that the claim of lien	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cause, and is not classly excessive
Print Name	amed; I have read or heard the foreg nd correct and that the claim of lien	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cause, and is not classly excessive
Print Name	amed; I have read or heard the foreg nd correct and that the claim of lien	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cause, and is not classly excessive
My appointment expires: 2 27-02  My appointment expires: 2 27-02  NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE USAL PROPERTY IS LOCATED NO LATER THAN NINETY (96) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cause, and is not classify excessive.
My appointment expires: 2 27-02  My appointment expires: 2 27-02  NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE USAL PROPERTY IS LOCATED NO LATER THAN NINETY (96) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cause, and is not classify excessive.
My appointment expires: 2 27-02  My appointment expires: 2 27-02  NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE USAL PROPERTY IS LOCATED NO LATER THAN NINETY (96) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cause, and is not classify excessive.
My appointment expires: 2-27-02  My appointment expires: 2-27-02  OTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE EAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cause, and is not classify excessive.
My appointment expires: 2-37-02  WAS  WAS  WAS  WAS  WAS  WAS  WAS  WA	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	or, representative, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true a is not frivolous and is made with reasonable cruse, and is not closely excessive this
OTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE USAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOUR	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	constructive, or agent of the trustees of an employee benefit plan) above going claim, read and know the contents thereof, and believe the same to be true as is not frivolous and is made with reasonable cause, and is not clearly excessive this
UFAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	this
UFAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	this
FAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg ad correct and that the claim of lien ander penalty of perjury.	this
FAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT LAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	amed; I have read or heard the foreg ad correct and that the claim of lien ander penalty of perjury.	this
AS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR FOURPMENT	signed and sworn to before me on the BITIKO NOTARY PUBLIC WAS	coing claim, read and know the contents thereof, and believe the same to be true to is not frivolous and is made with reasonable cruse, and is not clearly excessive  this
	Signed and sworn to before me on the BITION NOTARY PUBLIC WAS THE CLAIM OF LIEN MEAL PROPERTY IS LOCATED	coing claim, read and know the contents thereof, and believe the same to be true to is not frivolous and is made with reasonable cruse, and is not closely excessive  this
OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDI-	amed; I have read or heard the foreg nd correct and that the claim of lien nder penalty of perjury.	print Name  Liene & Bitikofer  Bitikofer  Print Name  Liene & Bitikofer  Bitikofer  Bitikofer

www.walega/blank.com

141843