

Return Address:

Eastgate Electrical, Inc
2229 NE Burnside #70
Gresham, OR 97030

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable):		
Grantor(s) (Owner): (1) <u>James D. Hunt</u>	(2) <u>Kathleen Schassen</u>	Add'l. on pg.
Grantee(s) (Claimants): (1) <u>Eastgate Electrical, Inc</u>		(2) Add'l. on pg.
Legal Description (abbreviated): <u>Lot 6 Block 2 - 2nd addition to Hillcrest</u>		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # <u>03-75-36-2-3-0503-00</u>		

Eastgate Electrical, Inc
Claimant

James D. Hunt & Kathleen Schassen
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: Eastgate Electrical, Inc
TELEPHONE NUMBER: 503-789-3886 ADDRESS: 2229 NE Burnside, #70
Gresham, OR 97030
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: July 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: James Hunt Kathleen Schassen & J & D Solutions
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): new home at 204 NE Shepard, Stevenson, WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): James Hunt & Kathleen Schassen
TELEPHONE NUMBER: 503-313-7793 ADDRESS: 916 NE 160th Ave, Portland, OR 97213
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: August 18, 2005



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 1,868.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Eastgate Electrical, Inc
Claimant
Margaret Campbell
Print or Type Name
2229 NE Burnside, #70
Address
Gresham OR 97030
503-789-3086
Telephone Number

STATE OF Oregon }
COUNTY OF Multnomah } SS.

Margaret Campbell, 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 22 day of Sept, 2005.



Carol Jenkins
Print Name CAROL Jenkins
Notary Public in and for the State of Oregon
My appointment expires: 8-5-08

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.

