

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 65.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) STEVEN POLITO (2) _____ Add'l. on pg _____

Grantee(s) (Claimant): (1) PITNER DRILLING + PUMP INC (2) _____ Add'l. on pg _____

Legal Description (abbreviated): SE 1/4 OF THE NW 1/4 SEC 5, T1N, R5EWM Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # 01-05-05-0-0-0700-00

PITNER DRILLING + PUMP, INC.

Claimant

vs.

STEVEN POLITO

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
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: 11-18-2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: STEVEN POLITO
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 AGATE LANE
WASHOUGAL, WA. 98671, SE 1/4 OF THE NW 1/4 SEC. 5, T1N,
R5EWM, TAX PARCEL # 01-05-05-0-0-0700-00, 25.58 acres
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): STEVEN POLITO
TELEPHONE NUMBER: 360-835-0733 ADDRESS: 131 AGATE LANE,
WASHOUGAL, WA. 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: 12-9-05



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 50,205.⁰⁹
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Donald R. Pitner
Claimant

DONALD R. PITNER

Print or Type Name

P.O. Box 1570

Address

WOODLAND, WA. 98674

360-225-6955

Telephone Number

STATE OF WASHINGTON

County of SKAMANIA }

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.

Signed and sworn to before me on this

3rd

day of

JANUARY

2006



Marjorie S. Reed

Print Name MARJORIE S. REED

Notary Public in and for the State of WASHINGTON

My appointment expires: MAY 22, 2009

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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