

Doc # 2006160212
Page 1 of 2
Date: 01/13/2006 11:43A
Filed by: PITNER DRILLING & PUMP INC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$33.00

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) Brett Lawrence (2) _____ Add'l. on pg. _____
Grantee(s) (Claimants): (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 # 01-05-05-0-0-1101-00

PITNER DRILLING & PUMP INC.

Claimant

vs.

Brett LAWRENCE

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: 360-225-1455 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: 11-18-05
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Brett Lawrence
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 # 01-05-05-0-0-1101-00 12.05 ACRES
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Brett Lawrence
TELEPHONE NUMBER: 360-835-0133 ADDRESS: 4069 HILL CREST AVE SW
SEATTLE, WA. 98146
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: 50,205.⁰⁰
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. 98074
360-225-6955
Telephone Number

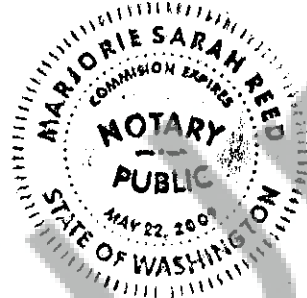
STATE OF WASHINGTON

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.

Donald R. Pitner

Signed and sworn to before me on this 13th 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.

