

After recording, return to (Name, Address, Zip):

MONTE'S PUMP SERVICE
6024 N 10ST
RIDGEFIELD, WA 98642

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): CHARLES DIEBERT
Grantee (Claimant): MONTE'S PUMP SERVICE
Abbreviated Legal Description: SE 1/4-1/4 SW 1/4 SEC 33 T2N 2N R30E
Assessor's Property Tax Parcel or Account No: 02063300130100
Reference No(s) of Related Documents:

MONTE'S PUMP SERVICE
Claimant,
vs.
CHARLES DIEBERT
CHAR BAKER
Name of person indebted to Claimant.

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: MONTE'S PUMP SERVICE
Telephone Number: 360 887-3150 Address: 6024 N 10ST
RIDGEFIELD WA 98642
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: 6-6-07
3. Name of person indebted to the Claimant: CHARLES DIEBERT
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): FRANZ RD & HWY 14
SE 1/4-1/4 SW 1/4 SEC 33 T2N 2N R30E
5. Name of the owner or reputed owner (If not known state "unknown"):
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: 6-6-07

(OVER)



Form No. 90 - Claim of Lien

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7. Principal amount for which the lien is claimed is: \$2494.16

8. If the Claimant is the assignee of this claim so state here: _____

R. Colleen Bloemke
Monte's Pump Service

CLAIMANT

R. COLLEEN BLOEMKE
CLAIMANT'S NAME (TYPED OR PRINTED)

6024 NIOST

STREET ADDRESS

RIDGEFIELD
CITY

WA
STATE

98642
ZIP

360887350
PHONE

STATE OF WASHINGTON,

County of Skamania } ss.

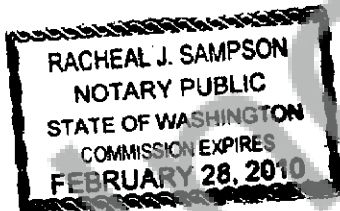
Colleen Bloemke

, 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.

R. Colleen Bloemke

SIGNED AND SWORN TO before me on 09/15/2007



[Signature]
Notary Public for Washington

My appointment expires 02/28/2010