

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

H&R LIEN SERVICES LLC

2790 NW AMITY LANE

PORTLAND, OR 97229

C/O HEIDI DIEDE-MEMBER

**CLAIM OF LIEN**

Grantor (Name of person indebted to Claimant): CHRIS & ANA MALONE

Grantee (Claimant): PACIFIC CUSTOM HOME PACKAGES INC

Abbreviated Legal Description: STACEY ACRES SUB BOOK B PAGE 118 LOT 3

Assessor's Property Tax Parcel or Account No: 03082021041000

Reference No(s) of Related Documents:

PACIFIC CUSTOM HOME PACKAGES INC

Claimant,

VS.

CHRIS & ANA MALONE

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: PACIFIC CUSTOM HOME PACKAGES INC  
Telephone Number: 503 297-8254 Address: 5201 SW WESTGAGE DR  
SUITE 118 PORTLAND, OR 97221
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: JUNE 20, 2007
3. Name of person indebted to the Claimant: CHRIS MALONE
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 151 STACEY LANE CARSON, WA
5. Name of the owner or reputed owner (If not known state "unknown"): CHRIS & ANA MALONE  
PO BOX 602 TROUTDALE, OR 97060
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: MAY 9, 2008

(OVER)



Form No. 90 - Claim of Lien

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7. Principal amount for which the lien is claimed is: \$31,938.72  
 INCLUDES LIEN PREPERATION FEES & RECORDING FEES

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

John Ferguson, Pres.  
CLAIMANT  
 PACIFIC CUSTOM HOME PACKAGES INC  
CLAIMANT'S NAME (TYPED OR PRINTED)  
 5201 SW WESTGATE DRIVE SUITE 118  
STREET ADDRESS  
 PORTLAND, OR 97221-2424 503 297-8254  
CITY STATE ZIP PHONE

OREGON  
 STATE OF ~~WASHINGTON~~  
 County of WASHINGTON } ss.

JOHN B. FERGISON, 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.

John Ferguson, Pres.  
 SIGNED AND SWORN TO before me on 05/23/2008



Heidi Diede  
 Notary Public for Washington  
 My appointment expires JUNE 5, 2011