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'98 JUL 29 P3:00

Vol. 798 Page 27820STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Records of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____, Deputy

SPACE RESERVED
FOR
RECORDER'S USE

Shasta View Animal Clinic
3937 Tangle Lane

Klamath Falls, Ore 97603

Lien Claimant's Name and Address

Robert / Roberta Valladao

P.O. Box 321

Bly, Oregon 97622

Lien Debtor's Name and Address

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

Shasta View Animal Clinic

3937 Tangle Lane

Klamath Falls, Ore 97603

Shasta View Animal Clinic

Lien Claimant,

vs.

Robert and Roberta Valladao

Lien Debtor,

NOTICE OF CLAIM OF LIEN UPON CHATTELS*

NOTICE HEREBY IS GIVEN that
called claimant, claims a lien upon

Shasta View Animal Clinic
Robert and Roberta Valladao

hereinafter

for labor performed, services rendered and/or materials furnished in the alteration, repair, transportation and/or storage of the above described chattels in Klamath County, Oregon. The labor, services and/or materials are described as follows:

Veterinary Services & Supplies
Services for Herd (cattle) and vaccines

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

The name of the owner of the chattels is Robert and Roberta Valladao, at whose request and for whose benefit the labor, services and/or materials were provided by claimant. The close of the furnishing of the labor, services and/or materials was on October, 1998. Sixty days have not elapsed since the date just mentioned. The following is a true statement of claimant's demand for which this lien is claimed:

Contract price \$
Agreed wage: \$ per day. Number of days: Total wages: \$

If no contract price, the reasonable charges for the labor, services and/or materials are:

Labor \$
Services \$
Equipment \$
Powder explosives \$
Materials \$
Other (specify) Veterinary Services and Supplies \$ 2485.54

Recording fees \$ 14.75

Total \$ 2500.29

Less credits and offsets \$

Balance unpaid and for which this lien is claimed \$

27821



The sum so claimed is a true and bona fide debt as of the date of the filing of this notice of claim of lien.

The date on which payment was due claimant for the labor, services and/or materials was October
19 93. The terms of extended payment, if any, are: _____

Dated July 29, 19 98

By Shasta View Animal Clinic
Terri L. Bloomfield Claimant

STATE OF OREGON,

County of KLAMATH } ss.

I, Terri L. Bloomfield, being first duly sworn, depose and say that I am
Shasta View Animal Clinic the claimant named in the foregoing notice of claim of lien and know the
contents thereof. The statements and claims made therein are true and correct as I verily believe.

Subscribed and sworn to before me this

29th day of July, 19 98



Michelle Temple
Notary Public for Oregon
My commission expires Nov. 11, 2001

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Shasta View Animal Clinic the 29th day
of July A.D., 19 98 at 3:00 o'clock P. M., and duly recorded in Vol. M98
of Lien Upon Chattels on Page 27820

By Bernetha G. Letsch, County Clerk
Kathleen Ross

FEE \$10.00
4.75 c.c.

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