

NT

63602 '98 JUL 29 P3:00

Vol. 798 Page 27822

STATE OF OREGON,
County of _____ } ss.

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 Tongley Lane
Klamath Falls, Ore 97603

Lien Claimant's Name and Address

Louis Arata Dairy
Rt 1 Box 800

Bonanza, Ore 97623

Lien Debtor's Name and Address

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

Shasta View Animal Clinic
3937 Tongley Lane
Klamath Falls, Ore 97603

Shasta View Animal Clinic

Lien Claimant,

vs.

Louis Arata Dairy

Lien Debtor.

NOTICE OF
CLAIM OF LIEN UPON CHATTELS*

NOTICE HEREBY IS GIVEN that Terri L. Bloomfield DVM, hereinafter called claimant, claims a lien upon Linda and Louis Arata for labor performed, services rendered and/or materials furnished in the alteration, repair, transportation and/or storage of the above described chattels in _____ 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 Linda and Louis Arata

_____, 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) <u>Veterinary Services and Supplies</u>	_____	\$
Recording fees	_____	\$
Total	_____	\$
Less credits and offsets	_____	\$
Balance unpaid and for which this lien is claimed	_____	\$

27823



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: 0

Dated July 29, 1998.

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, 1998



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 27822.

FEE \$10.00
 4.75 c.c.

By Bernetha G. Letsch, County Clerk
Kedum Bros

200005