

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0109 PG- 2155 RPTT: 0.00



Recording requested by: Brian Cassidy
When recorded, mail to:

Name: Brian Cassidy
Address: 1101 CENTERVILLE LANE
City: GARDNERVILLE, NV 89460
State/Zip: NEVADA, 89460

Space above reserved for use by Recorder's Office

Document prepared by:

Name _____
Address _____
City/State/Zip _____

Claim of Lien

State of NEVADA

County of DOUGLAS

I, BRIAN CASSIDY, being duly sworn, state the following:

In accordance with an agreement to provide labor and/or material, I did furnish the following labor and/or materials:

on the following described real property located in DOUGLAS County,

State of NEVADA, commonly known as: 1251 MANHATTAN DR.
GARDNERVILLE, NV

and legally described as: 1220-16-210-106

which property is owned by DAVID L + SUSAN HOUSEMAN, whose address is 1251 MANHATTAN DR.
GARDNERVILLE, NV 89460, of a total value of \$ 240⁰⁰ + 40⁰⁰ Full Fee, of which there
remains unpaid \$ 280⁰⁰ + 18% ANNUAL INTEREST, and I further state that I furnished the first of the items on the date of
NOVEMBER 12, 2008, and the last of the items on the date of NOVEMBER 13, 2008.

I hereby, under the laws of the State of NEVADA, claim a lien against the above-described
property in the amount of money, stated above, which remains unpaid to me.

Brian Cassidy
Signature of Person Claiming Lien

BRIAN CASSIDY
Name of Person Claiming Lien

Address of person claiming lien: 1101 CENTERVILLE LANE
GARDNERVILLE, NV 89460

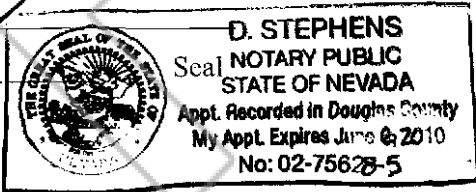
On 1/14/19, BRIAN CASSIDY came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature

Notary Public,

In and for the County of DOUGLAS State of NV

My commission expires: 6/6/20



CERTIFICATE OF MAILING

I, Brian Cassidy, certify that on this date, _____, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: _____

Address: _____

Date: _____

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien