TREC'D & FILED MASON CO. WA. 2018 OCT 10 A 10 48 SHARON K. FOGO CO. CLERK

BY QOEPUTY

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR MASON COUNTY

STATE OF WASHINGTON,

Plaintiff,) NO. 18-1-00276-23

VS.

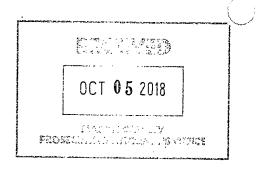
BENJAMIN J. SOLANO,

TAYLOR N. BARRETT,

Defendant.)

PLEASE SEE THE ATTACHED RESTITUTION ESTIMATE FROM THOMAS M. WALLITNER REQUESTING RESTITUTION AS OF OCTOBER 3, 2018.

18 – 1 – 00277 – 23 RQ 9 Request 4022918



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR MASON COUNTY

STATE OF WASHINGTON,)	
Plaintiff vs.	NO. 18-1-00276-23	
BENJAMIN J. SOLANO, TAYLOR N. BARRETT,	RESTITUTION ESTIMAT))	E.
Defendant(s)	<u>. </u>	
· free configuration of first to)er	
MAILING ADDRESS: 360 E	Agale RD	
Sholton	WA 983	584
CITY	STATE ZIP (CODE
PHONE: 360-426-5593		
HOME	WORK MESSA	4GE

DEFENDANT, IF FOUND GUILTY AND CONVICTED, MAY CHALLENGE ANY OF YOUR FIGURES. IN ORDER FOR PROSECUTOR TO CLEARLY PRESENT YOUR LOSS TO THE COURT, PLEASE INCLUDE COPIES OF ANY **PURCHASES** OR RECEIPTS AND VALUE OF DAMAGED OR STOLEN ITEMS, ANY MEDICAL OR OTHER BILLS, OR ANY OTHER DOCUMENTATION.

IF THIS IS NOT DONE, WE CANNOT PROCESS YOUR CLAIM.

NO RESTITUTION REQUESTED [__] RETURN FORM WITH SIGNATURE YES RESTITUTION REQUESTED [X] RETURN FORM WITH SIGNATURE

(If you checked yes, please fill out the additional sheets where necessary. If you checked no, please skip to the back page to sign and date.)

(A).	Insurance coverage: Ree farm CROP House
	Name of Company:
	Address:
	Policy No.: Group No.:
•	Deductible, if any: \$
value	RTY LOSS: (List all items or damages and the s of each. Also include copies of bills, pts, etc.)
(A).	List any returned items: (State date and how
	returned; by whom, if damaged, and replacement
	value.) 10 Adult there Ceder Trees Cusel
٠.	To make Christmas WREATHS) 20 HALF CROSON Dauglas
	tis Touler Tores
	10 INCOME Color Trees @ 100,000 \$ 1000,00/20 Douglas fre Tim
(B).	Was this loss insured? YESNONO
(B).	i de la companya del companya de la companya del companya de la co
(B).	Was this loss insured? YESNO
(B).	Was this loss insured? YESNO
(B).	Was this loss insured? YES NO Name of Company: Address: Agent: Phone:
(B).	Was this loss insured? YESNO
(B).	Was this loss insured? YES NO Name of Company: Address: Agent: Policy No.:
(B).	Was this loss insured? YES NO Name of Company: Address: Agent: Phone: Policy No.: Deductible, if any: \$

ANY FURTHER COMMENTS:				
To set A fire to	Someone's property is unacetable beknuck			
	1 1 1			
This person is real	Someone's property is unacetoble beknock			
	THE A MATT			
	TMWallehrer			
	-			
	5 000			
TOTAL AMOUNT OF REST	TUTION REQUESTED: $1000000000000000000000000000000000000$			
T HAVE ATTATCHED	ATT. SUPPORTING DOCUMENTS RELATED TO			
THIS CLAIM.	ALL SUPPORTING DOCUMENTS RELATED TO			
DECLARATION:				
I Thomas M.	Wallinee , DECLARE UNDER PENALTY			
(PLEASE PRIN	TYOUR NAME)			
	HE LAWS OF THE STATE OF WASHINGTON THAT			
	MATION IS TRUE AND CORRECT TO THE BEST			
	AND THAT THE LOSSES AND EXPENSES WERE			
BY MY EMPLOYE	ED BY MYSELF, ON BEHALF OF MYSELF, OR R AND THAT ANY ATTACHED SUPPORTING			
	ARE INCORPORATED BY REFERENCE ARE TRUE			
AND CORRECT COPI	· · ·			
	\cap			
-11. 111	(1) (1) (1)			
Signature: Nomen M	- Walkelr Date: 10/3/18			
Shotton Mason	Day linton			
City, County, and Sta	ate Where Signed			
	V -			
Plane 14 11 P				
Please Mail Form to:	Mason County Prosecutor's Office P.O. Box 639			
OR	Shelton, WA 98584			
Deliver Form to:	Mason County Prosecutor's Office			
	521 N. 4 th Street			
	Shelton WA 98584			