FILED FOR RECORD
SKAMANIA D) WASH
BY MARY WHITE

APR 13, 3 06 PH '88

A V WIN, DEP

AUDITOR
GARY H. OLSON

FORM OF CLAIM FOR DAMAGES

TO THE ROADD OR COM
TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:
TAKE NOTICE that in accordance with Chart of the
Code of Washington, I Mary W. Lukite Chapter 36.45 of the Revise
hereby present you with my life
hereby present you with my claim for damages against the County of Skamania, State
required to be given by RCW 36 45 020 as the
- That the injury for which I claim damages against the
of Washington, occurred on or about the Q Ly 1 1983
of Washington, occurred on or about the July 1, 1982 Throughy of Sec. 3/
2. That the place of injury was
the place of injury was
3. That the location and description of the defect which caused the injury are
- The injury are
4. That the injury is 1. 2.
4. That the injury is described as follows: Denial of family
a sure the same the
a was entilled
5. That the amount of damages claimed is as follows:
\$ 6824.80
6. That the actual regidence is
6. That the actual residence of the claimant at the time of presenting and filing
p fredrickson ave. (P.O. Bex 343)
this claim is 123 Fredrickson Que. (P.O. Box 343) Carson Wa. 986 10
7. That the actual residence of the claimant for a period of six months immediately
prior to the time that this claim accrued was Same a # 6
some a 1 b
DATED: aril 3
1988
DATED: April 8 , 1958. NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated remaining information required by No. 2 & 4 (4) (4) (4) (4) (4) (4) (4) (4) (4) (
NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for December 1.
information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Dental expenses

12-21-82 Dong 20.00 6-13-83 Dong # 110.00 4-7-83 Calum 50 6-1-83 6-13-83 40 38 3-8-84 Dong 50 4-12-84 Doing 60 4-12-84 Calvin 50 4-4-85 4-23-85 34 4-4-85 Cali 4-3-86 Dong 4-3-86 Colin 59 685,00

\$ 6139.80 Ins. Stemiums. (medical-vision)
\$ 685.00 Dental expenses

Mary N. White

over)

Dusi Premiums

July 1, 1982 - June 30, 1983 - # 93.54 X12 = 1/22.48 July 1, 1983 - June 30, 1984 109.51 X12 = 1319.12 July 1, 1984 - June 30, 1986 119.04 X24 = 2856.96 July 1, 1986 - Dec. 31, 1986 141.04 X6 = 846.24 6139.80