

109748

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Carole Andersen*

JUL 25 12 48 PM '90
P. Lowry
AUDITOR
GARY M. OLSON

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I Carole Andersen

hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 17 day of July, 19 90.

2. That the place of injury was _____

3. That the location and description of the defect which caused the injury are
My car was parked above the Rock Creek Center on the day the county was painting
the building. There is a coat of over spray on the body and windshield.

4. That the injury is described as follows: _____

5. That the amount of damages claimed is as follows: \$80.25

6. That the actual residence of the claimant at the time of presenting and filing this claim is 5th Street Carson, Wa.

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was 5th Street Carson, Wa.

DATED: July 24, 19 90.

Carole Andersen
(Claimant)

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 Damages.

Registered
Indirect
Filed 7-27-90
Filed

ESTIMATE OF REPAIRS
SCENIC AUTO BODY INC.

**M.P. 0.96 R Wind River Rd.
P.O. Box 1020 — Carson, WA 98610
PHONE: DAYS (509) 427-8737**

OWNERS:
Paul R. Penner
(509) 427-8071

Greg H. Wyninger
(509) 427-8049

Date 11/22 1998

Name _____ Address _____ City _____ Phone _____

Make 11/11/11 Year 2011 Serial No. _____ Body Style _____ Style No. _____

Mileage _____ License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

[illegible]REMARKS _____

\$_____ insurance deductible

This estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. Naturally this estimate cannot cover such contingencies. Parts prices subject to change without notice. This estimate is for immediate acceptance.

By: _____ THIS WORK AUTHORIZED BY _____

HRS. OF LABOR AT \$ 25 PER HR. \$ 75 00

PARTS \$ _____

PAINT MATERIALS \$ _____

SUB TOTAL \$ _____

SALESTAX \$ 5.25

ESTIMATE TOTAL \$ _____

ADVANCE CHARGES \$ _____

GRAND TOTAL \$ 8021

Stevenson, Washington, 7-25-90

TO COUNTY AUDITOR DR.
Skamania County, Washington

FILING
RECORDING ☒

FILE NO. **109748** AMOUNT nc

Agree. & Lease _____

Liens _____

Mines _____

Deed _____

Mortgage _____

Satisfactions _____

Misc. ~~None~~ file Claim for Damages

Surveys _____

Plats _____

UCC _____

Skamania County

to

Carole Andersen

Henry M. Olson

COUNTY AUDITOR

By

G. Lowrey

DEPUTY

25005