

114603

BOOK 131 PAGE 183

MATHER & SON PUMP SERV INC  
-Claimant-

VS

CHESTER &amp;/OR MRS MCKEAN

|              |          |
|--------------|----------|
| Registered   | lp       |
| Indexed, Dir | lp       |
| Indirect     | lp       |
| Filed        | 10/20/92 |
| Mailed       |          |

CLAIM OF LIEN

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT TO CHAPTER 64.04 RCW  
In support to this lien, the following information is submitted:

NAME OF LIEN CLAIMANT: MATHER & SON PUMP SERV INC  
TELEPHONE NUMBER: (206) 256-1310  
ADDRESS: 12307 NE 95 STREET VANCOUVER WA 98662

DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY  
MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:

July 09, 1992

NAME OF PERSON INDEBTED TO THE CLAIMANT: CHET MCKEAN

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
MP 0.081 MALFAIT RD WASHOUGAL in SKAMANIA County, Washington.

TAX LOT 202, LYING WITHIN SECTION 31DC, TOWNSHIP 2 NORTH,  
RANGE 5 EAST OF THE WILLAMETTE MERIDIAN MORE FULLY DESCRIBED  
IN SKAMANIA COUNTY AUDITOR'S VOLUME 119, PAGE 70.  
ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

FILED FOR RECORD  
SKAMANIA WASH  
By Building Material  
Info Bureau  
OCT 6 10 25 AM '92  
P. Lowry  
OR  
GARY L. OLSON

NAME OF THE OWNER OR REPUTED OWNER:  
CHESTER &/OR MRS MCKEAN

THE LAST DATE ON WHICH LABOR WAS PERFORMED, PROFESSIONAL SERVICES WERE FURNISHED,  
CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE, OR MATERIAL OR EQUIPMENT WAS FURNISHED:

Jul, 09, 1992

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 1144.62 )  
ONE THOUSAND ONE HUNDRED FORTY FOUR AND 62/100\*\*\*\*\* DOLLARS  
Plus lien costs, interest and attorney's fees  
IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

-Claimant-

BUILDING MATERIAL INFORMATION BUREAU INC  
Order # 122479  
510 W MILL PLAIN STE 2-B  
VANCOUVER WA 98660

STATE OF WASHINGTON

County of Clark

I, SALLY MAYGRA, being sworn, say: I am the claimant (or attorney of  
the claimant, or administrator, representative or agent of the trustees of an employee  
benefit plan) above named; I have read or heard the foregoing claim, read and know the  
contents thereof, and believe the same to be true and correct and that the claim of lien  
is not frivolous and is made with reasonable cause, and is not clearly excessive under  
penalty of perjury.

Subscribed and sworn to before me this 5 day of October, 1992

Notary Public in and for the State of Washington, residing at Vancouver in said County.

STATE OF WASHINGTON

County of Clark

ss.

(CORPORATE ACKNOWLEDGMENT)

ELIZABETH A. STEFFY  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
MARCH 1, 1996

I certify that I know or have satisfactory evidence that SALLY MAYGRA  
is the person who appeared before me, and said person acknowledged that he signed this  
instrument, on oath stated that he was authorized to execute the instrument and  
acknowledged it as the AGENT of MATHER & SON PUMP SERV INC  
to be the free and voluntary act of such party for the uses and purposes mentioned in the  
instrument.

ELIZABETH A. STEFFY  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
MARCH 1, 1996

Notary Public in and for the State of Washington  
My appointment expires: March 1, 1996  
Dated: October 05, 1992