

THOMAS HENDRICKSON 115427 )  
-Claimant- )  
VS )  
LYNETTE BERES ) CLAIM OF LIEN )

Now Filed  
Indirect  
Filed 2/11/93  
Mailed

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: THOMAS HENDRICKSON  
TELEPHONE NUMBER: (206)837-3956  
ADDRESS: MP 1.77L LABARRE RD WASHOUGAL WA 98671

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:

August 02, 1991

NAME OF PERSON INDEBTED TO THE CLAIMANT: THOMAS HENDRICKSON

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
MP 1.77L LABARRE RD WASHOUGAL in SKAMANIA County, Washington.

TAX LOT 108, LYING WITHIN SECTION 28B, TOWNSHIP 2 NORTH,  
RANGE 3 EAST OF THE WILLAMETTE MERIDIAN MORE FULLY DESCRIBED  
IN SKAMANIA COUNTY AUDITOR'S VOLUME 124, PAGE 639  
ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER:  
LYNETTE BERES

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:

December 14, 1992

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 10126.00 )  
TEN THOUSAND ONE HUNDRED TWENTY SIX AND 00/100\*\*\*\*\* DOLLARS  
Plus lien costs, interest and attorney's fees  
IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

FILED FOR RECORD  
BY Bldg. Material  
Into Bureau  
FEB 11 03 AM '93  
P. Lowrey  
GARY OLSON

BUILDING MATERIAL INFORMATION BUREAU INC  
Order # 126867  
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.

Suscribed and sworn to before me this 28 day of January 1993  
Notary Public in and for the State of Washington, residing at Vancouver in said County.

STATE OF WASHINGTON )  
County of Clark ) ss. (INDIVIDUAL ACKNOWLEDGMENT)  
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, an acknowledged it to be his free and voluntary act for the uses and purposes  
mentioned in the instrument.

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

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: January 28, 1993

2-5-28-8-05