

THOMAS HENDRICKSON

-Claimant-

VS

LYNETTE BERES

CLAIM OF LIEN

BOOK 133 PAGE 197

FILED FOR RECORD
BY Bldg. Material
Info Bureau
FEB 11 1993
GARY J. OLSON

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 174, 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:

-Claimant-

BUILDING MATERIAL INFORMATION BUREAU INC
Order # 126887
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

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) ss.
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(INDIVIDUAL 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, 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

Notary Public in and for the State of Washington
My appointment expires: March 1, 1996
Dated: January 28, 1993