

FILED FOR RECORD
SKAMANIA CO. WASH
BY Bell Heating

JUL 20 1 26 PM '94

F. Slawry
AUDITOR
MARY M OLSON

120065

BOOK 144 PAGE 640

Bell Heating, Inc.

Claimant

Joseph E. Bridwell

vs.

DBA: J.B. Enterprises

CLAIM OF LIEN

Name of person indebted to Claimant:

Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Bell Heating, Inc.
TELEPHONE NUMBER: (503) 656-1184
ADDRESS: 15550 SE Piazza Avenue, Clackamas, OR 97015
2. 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: January 6, 1994
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Joseph E. Bridwell, DBA J.B. Enterprises
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): a residence located at mile post #8 - Wildlife Dr. Lot 6 Maple View Acres
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Jim & Susan Bridwell
6. 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: April 22, 1994
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$5,756.60
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Bell Heating, Inc. is making this claim.

Bell Heating, Inc.

BY:

Jill Cooper
Claimant

Jill Cooper - Vice President

Print or Type Name

15550 SE Piazza Avenue

Address

Clackamas, OR 97015

(503) 656-1184

Telephone Number

Registered

Indexed, Dir

Indirect

Filed

Mail

Claim of Lien

Washington Legal Blank, Inc., Issaquah, WA Form No. 90 4/92

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

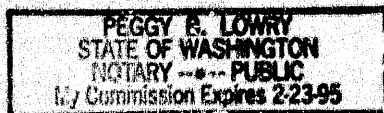
STATE OF WASHINGTON, COUNTY OF

BOOK ~~144~~ PAGE 641

ss. }

I, Jill L. Cooper - Vice President, being sworn, says: 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 20th day of July, 19 94.



Peggy B. Lowry
Notary Public in and for the State of Washington

My appointment expires: 2/23/95

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

13002P