

FILED FOR RECORD  
SKAMANIA CO WASH  
BY Jan Nastasi-Harris

OCT 19 1 48 PM '94

G. Olson  
AUDITOR  
GARY M. OLSON

BOOK 446 PAGE 536

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Jan I. Nastasi-Harris / Gordon L.  
Claimant Harris Jr.  
vs.  
Michael S. Sweeney  
Name of person indebted to Claimant

CLAIM OF LIEN

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: Jan I. Nastasi-Harris / Gordon L. Harris Jr.  
TELEPHONE NUMBER: MSg. 503-386-3857  
ADDRESS: POB 195 No. Bonnewille, WA 98639
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: N/A
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Michael S. Sweeney
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Taxpayer # 44715  
04-07-14-0-0-0500-00
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Farmington Home Administration / Gordon L. Harris Jr. / Jan I. Nastasi-Harris
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: ?
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$56,438.40 (FmHarris Jr. to Gordon L. Harris Jr.)
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Jan I. Nastasi-Harris

Claimant

JAN I. NASTASI-HARRIS

Print or Type Name

POB 195

Address

No. Bonnewille, WA 98639

MSg. 503-386-3857

Telephone Number

Claim of Lien

Washington Legal Blank, Inc., Issued in WA Form No. 90 6/92

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

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STATE OF WASHINGTON, COUNTY OF

Skamania

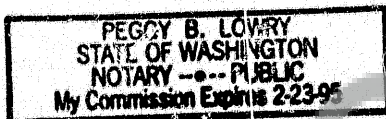
ss. }

Jan Nastasi-Harris

, 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 19th day of October, 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.