	FILED FOR REGORD
	SKAMANIA CO. WASH BY South Higgins
	Noy 10 2 55 PX '91
	P. Lowry
	AUD'TOR GARY M. OLSON
	181088
	BOOK 146 PAGE 97!
	Claimant
	vs. CYAIM OF LIEN
COMMENT	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
thi	is lien the following information is sulunitted:
1.	NAME OF LIEN CLAIMANT: SCRTTA HIGGINS TELEPHONE NUMBER: (503) P69-31416
	ADDRECS: 20235 WHALESHEAD PO BROOKINGS OR 97415
Ž.	DATE ON V/HICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES
	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTION BECAME DUE: 10-1-93
3.	NAME OF PERSONSINDEBTED TO THE CLAIMANT: LEN LERITZ/DWIGHT STEVENS
	DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description of
	other information that will reasonably describe the property): TAX LOT NO. 3-10-3-210
	University of the Control of the Con
5.	NAME OF THE GWNER OR REPUTED OWNER (If not known state "unknown");
	LEN LERITZ / DWIGHT STEVENS
6.	THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OK EQUIPMENT WAS
	FURNISHED: 12-20-94
7.	PRINCIPAL AMOUNT FOR WHILH THE LIEN IS CLAIMED IS: # 2500. 30
8.	IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES
	Don't O. Migor's
	Claimant O SCOTT A. HIGGINS
	Print or Type Name  16235 WHALESHEAD ED.
	Address WHALESHEAD ED.
	Address  BE10KINGS, OR 97415
<b>4</b> 942_0	Address WHALESHEAD ED.

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STATE OF WASHINGTON, COUNTY OF MILES NO MAK

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; If 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 sworm to be the contents thereof.

Subscribed and sworn to before me this

2945

OFFICIAL SEAL ANNIA W. FABRICA VOTARY PURILIC - OREGON COMMISSION NO 023466 CHANGSION EXPIRES APP. OL. 1907

Notary Public in and for the State of

My appointment expires:

NOTE: THE CLAIM OF LIEN MUST BE WILED 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 OP EQUIPMENT OF THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.