

MATHER & SON PUMP SERV INC )  
-Claimant- )  
 )  
VS )  
 )  
RICHARD &/OR MRS BECKMAN )  
 )  
 )

CLAIM OF LIEN

121131

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Bldg Material Info  
Bureau  
Nov 28 10 20 AM '94  
G. Exbury  
AUDITOR  
GARY M. OLSON

BOOK 147 PAGE 198

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN  
PURSUANT TO CHAPTER 60.04 RCW  
In support to this lien, the following information is submitted:

NAME OF LIEN CLAIMANT: MATHER & SON PUMP SERV INC  
TELEPHONE NUMBER: (206)256-1310  
ADDRESS: 12307 NE 95 STREET VANCOUVER WA 98662

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:

September 01, 1994

NAME OF PERSON INDEBTED TO THE CLAIMANT: RICHARD BECKMAN

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
MP 0.906 MARTEA CREEK RD CARSON WA  
in SKAMANIA County, Washington.

TAX LOT 1500, LYING WITHIN SECTION 26C, TOWNSHIP 4 NORTH,  
RANGE 7 EAST OF THE WILLAMETTE MERIDIAN MORE FULLY DESCRIBED  
IN SKAMANIA COUNTY RECORDER'S BOOK 143 PAGE 781  
ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER:  
RICHARD &/OR MRS BECKMAN

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:

September 01, 1994

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 1750.17 )  
Plus lien costs in the amount of \$ 100.00

for a total of: \$ 1850.17

ONE THOUSAND EIGHT HUNDRED FIFTY AND 17/100\*\*\*\*\* DOLLARS  
PLUS interest and attorney's fees

IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_  
-Claimant-

BUILDING MATERIAL INFORMATION BUREAU, INC  
Order # 160910  
1516 FRANKLIN ST.  
VANCOUVER, WA 98660

Registered   
Indexed, Dir   
Indirect   
Filmed   
Mailed

STATE OF WASHINGTON

BOOK 147 PAGE 199

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 23 day of November, 1994

Notary Public in and for the State of Washington, residing at Vancouver in said County.

STATE OF WASHINGTON )  
County of Clark )

ss.

(CORPORATE ACKNOWLEDGEMENT)

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 she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the AGENT of MATHER & SON PUMP SERV INC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of Washington  
My appointment expires: March 1, 1996  
Dated: November 23, 1994

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