

FILED FOR RECORD
SKAMANIA CO. WASH.
BY *Steven A. Hillier*

Jan 12 1 51 PM '95
P. Johnson

AUDITOR
GARY M. OLSON

121454

Tualatin Valley Builder's Supply Inc.
Claimant

O'Sheas Woodworking

vs.

BOOK 147 PAGE 896

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: Tualatin Valley Builder's Supply Inc.
TELEPHONE NUMBER: 503-697-3763
ADDRESS: PO Box 1138, Lake Oswego, Or 97035
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: September 14, 1994
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: O'Sheas Woodworking
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): MP 0.82L Riverside Drive, Washougal Tax Lot #1-5-11-2-402
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Robin Akers; Kathleen Akers
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: November 4, 1994
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3,858.47, which includes finance charges through December 25, 1994 and recording fees.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

Steven A. Hillier
Claimant
Steven A. Hillier- Treasurer
Print or Type Name
PO Box 1138
Address
Lake Oswego, Or 97035

503-697-3763

Telephone Number

Claims of Lien

Washington Legal Blank, Inc., Issaquah, WA Form No. 99 4/92

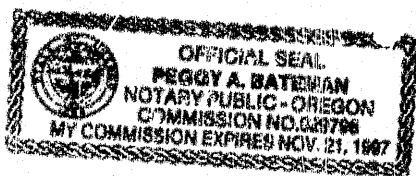
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Registered ☒
Indirect ☒
Indirect ☒
Filed ☒
Marked ☒

ss. }

Steven A Hillier, 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 10 day of January, 1995.



Peggy A Bateman
Notary Public in and for the State of Oregon

My appointment expires: 11/02/1997

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.

Unpaid Invoices:

11/03/94	070439316	351.20
11/04/94	070440399	381.54
10/20/94	070417761	2011.64
11/02/94	070436984	107.86