

FILED FOR RECORD
SKAMANIA CO. WASH
BY Danny L. Barnett

MAR 14 1 55 PM '95

P. Johnson
AUDITOR
GARY M. OLSON

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BOOK 148 PAGE 704

Paradise Log Homes

Claimant

Howard J. & Loretta E. Kuhnle

vs.

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: Paradise Log Homes
TELEPHONE NUMBER: 503-266-6561 - 503-632-6875
ADDRESS: PO Box 427 Beaver Cr Oregon 97004
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: Jan 1994
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Howard J. & Loretta E. Kuhnle
PO Box 431 Washougal, Wa. 98671
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Tax Payer # 17720
Lot 3, Riverside Estate BK B, Pn 44 & 45
Plat 5-29-3-02 600 B5 pkg 116/691
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Howard J. & Loretta E. Kuhnle
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: March 6, 1995
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$13,408.00 plus processing fees
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Yes

Paradise Log Homes Danny L. Barnett

Claimant

Danny L. Barnett

Print or Type Name

24464 S. Barlow Rd

Address

Camb, Ore 97013

503-266 6561

Telephone Number

Registered

Indexed, Dir

Indirect

Filed

Mailed

Claim of Lien

Washington Legal Blank, Inc., Wash, WA Form No. 60 6/92

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

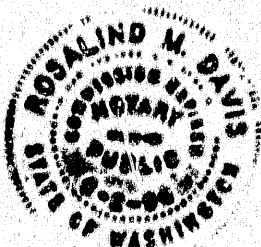
STATE OF WASHINGTON, COUNTY OF

Stamania

ss. }

Danny L. Barrett, 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 14th day of March, 1995.



Danny L. Barrett Rosalind M. Davis
Rosalind M. Davis

Notary Public in and for the State of Washington

My appointment expires: 6-2-96

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.