

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Jim Johnston

## CLAIM OF LIEN

Jan 22 12 29 PM '96

P. Olson  
AUDITOR  
GARY M. OLSON

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124317

Jim Johnston, dba  
Johnston Construction, claimant,

vs.

Dave + Kelly Blackwell, (name of person indebted to claimant)

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Jim Johnston, dba Johnston Construction  
TELEPHONE NUMBER: (509) 427-8859  
ADDRESS: 441 Gropper Road  
Stevenson, Washington 98648

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:

NOV 27, 19 95

3. NAME OF PERSON INDEBTED TO THE CLAIMANT:

David + Kelly Blackwell

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS  
CLAIMED (Street address, legal description or other information that will reasonably describe  
the property):

2002 Kueffler Rd., Skamania WA10.67 Acres with house lot #105 (Legal description Attached)

5. NAME OF THE OWNER OR REPUTED OWNER (if not known, state  
"unknown"):

Unknown

Registered	<input checked="" type="checkbox"/>
Indexed, Dir	<input checked="" type="checkbox"/>
Indirect	<input checked="" type="checkbox"/>
Filmed	<input type="checkbox"/>
Mailed	<input type="checkbox"/>

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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:

1/9/96

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:

\$5,742.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
(Phone number, address, city, and state of claimant)

STATE OF WASHINGTON )

) ss.

COUNTY OF Skamania )

James Johnston  
JIM JOHNSTON, dba Johnston Construction,  
Claimant

JIM JOHNSTON

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  
is made with reasonable cause, and is not clearly excessive under penalty of perjury.

SUBSCRIBED AND SWORN to before me this 22nd day of January  
19 96

James L. Lemaire  
Notary Public for Washington: residing at White  
My appointment expires: April 23, 1996 Salmon

