

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY TVBS

FEB 15 4 58 PM '96

*Olson*  
AUDITOR  
GARY M. OLSON

124584

BOOK 755 PAGE 482

Tualatin Valley Builder's Supply Inc.

Claimant

vs.

O'Sheas Woodworking

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: Tualatin Valley Builder's Supply Inc.  
TELEPHONE NUMBER: 503-697-3763  
ADDRESS: PO Box 1138, Lake Oswego, Oregon 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: December 5, 1995
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): 41 Hobbit Road, Washougal  
Tax Lot 020532B0504
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Marcos Fuller
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: December 18, 1995
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2,762.36, which includes  
finance charges through January 25, 1996 and recording fees.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

*Steven A. Hillier*  
Claimant

Steven A. Hillier

Print or Type Name

PO Box 1138

Address

Lake Oswego, Or 97035

503-697-3763

Telephone Number

Registered

Indexed: ☒ Direct

Indirect

Filmed

Mailed

Claim of Lien

Washington Legal Blank, Inc., Iss. Squish, WA Form No. 90 6/92

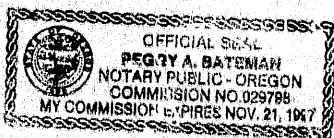
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

OREGON  
STATE OF WASHINGTON, COUNTY OF CLACKAMAS

SS. }

Steven A. Hiller, 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 1<sup>st</sup> day of February, 19 96.



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

My appointment expires: Nov 21, 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:

12/05/95	071060694	2416.28
12/07/95	071064046	151.17
12/18/95	071077618	146.21