	SKAMANIA CO. WASH By <i>Keth ken Ethinger</i>
	Jul 2 11 05 AN '96
	Gelawry AULITORY
	125635 GARY M. OLSON BOOK /58 PAGE /82
.5	LOA Skumunia Landing Qunus Claiment Vs. CLAIM OF LIEN
Vice I	Name of person indebted to Claimant:
thi	Notice is hereby given that the person named below clanes a lien pursuent to chapter 64.04 RCW. In support of slien the following information is submitted:
1.	NAME OF LIEN CLAIM ANT: 5 Kamania handing Owners Assoc - K. Effinger - Tree TELEPHONE NUMBER: 507) 427 - 4825 ADDRESS: 32 100 Invert Lane Scanania Wa 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
	SUPPLY MATERIAL OR RQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:
3.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Sance of Asia Control of the Claimant. Soft Office of Son Offic
3.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Sance of I AS Sold OSCIPTION OF THE PROPERTY AGAINST WHICH A VEN IS CLAIMED (street address, legal description or
3. 4.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Sances 1, 95  NAME OF PERSON INDEBTED TO THE CLAIMANT. JOHN OS + 20 30N  DESCRIPTION OF THE PROPERTY AGAINST WHICH A TEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Go! Skaman a conding for Skaman a 12 2 386 48  NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): JOHN STEN SON
3. 4. 5.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:
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3. 4. 5. 6.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Sance 1, 95  NAME OF PERSON INDEBTED TO THE CLAIMANT. Soft Office of address, legal description or other information that will reasonably describe the property): Gol Skaman of the claimant of the will reasonably describe the property): Gol Skaman of the claiman of the owner or reputed owner (if not known state "unknown"): John Sten Son of the Contributions to an employee benefit plan were due; or material, or equipment was furnished:  PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 250. The claimant is the assignee of this claim so, state here: NA
3. 4. 5. 6.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:
3. 4. 5. 6.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Samue 1 95
3. 4. 5. 6.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Sanday 195  NAME OF PERSON INDEBTED TO THE CLAIMANT. JOHN OS LAIMED (street address, legal description or other information that will reasonably describe the property): Go! Skamanic Landing Recording Rec
3. 4. 5. 6.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:
3. 4. 5. 6.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 500 WHICH CLAIMANT JOHN OS LONG BENEFIT CONTRIBUTIONS  NAME OF PERSON INDEBTED TO THE CLAIMANT JOHN OS LONG BENEFIT ON THE PROPERTY AGAINST WHICH A VEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 601 Skaman of Canding Recorded in Section of Secti
3. 4. 5. 6.	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 500 WHICH CLAIMANT JOHN OS LONG ON THE PROPERTY AGAINST WHICH A VEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 60 Standard Conditing Policy Standard Was 184 BIC 3, LOT 12  NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): JOHN STENSON WAS PERFORMED TOFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED:  PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 250.00 Include SO Line Claimant For Which the Lien is Claimed is: 250.00 Include SO Line Claimant For Which the Lien is Claimed Is: 250.00 Include SO Line Claimant For Which the Lien is Claimed Is: 250.00 Include SO Line Claimant For Which the Lien Is Claim so STATE HERE: NA Claimant For Which the Lien Is Type Name 32 Walnut I was 98 Lies Address Standard, Was 98 Lies Address Standar

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ikari kanan dalam Rang	Kathleen Effinger	, bein,	sworn, ∘ays	: I am the claimant	t (or attorney of the
have week	or administrator, representative, or a l or heard the fologoing claim, read an	d know the con	tents thereof	, and believe the s	ame to be true and
	ed that the claim of lien is not frivolou nalty of perjury.	s and is made v	Alfii Lemaonat	ore cause, and is ne	or Clearly, excessive
Subscrib	ed and sworn to before me this	?nd	_ day o#	guly	, 19 <u>.96</u> .
, Y			Grage	y & Foren	<i>y</i>
	PEGGY B. LOWRY STATE OF WASHINGTON NOTARY	Notary Public in and for the State of Wishing ton			
		My appointment expires: 2/23/99			
	INY COMMISSION EXPINES 2-83-99	$\mathcal{F}_{\mathcal{F}_{\mathcal{A}}}$			

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 MAS 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.