

FILED IN RECORD
SKAMANIA COUNTY WASH
BY *Edgy Mat. Inf Bureau*
JAN 31 12 11 PM '97
G. Bartel
AUDITOR
GARY M. OLSON

Return Address
BUILDING MATERIAL INFORMATION BUPEAU, INC
Order # 217450
1516 FRANKLIN ST.
VANCOUVER, WA 98660
127232

CARSON BUILDERS SUPPLY)
-Claimant-)

VS)

TIMOTHY &/OR SHAWN ASH)

CLAIM OF LIEN)

BOOK 1162 PAGE 285

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:

NAME OF LIEN CLAIMANT: CARSON BUILDERS SUPPLY
TELEPHONE NUMBER: (509) 427-8320
ADDRESS: PO BOX 1250 CARSON WA 98610

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:

October 15, 1996

NAME OF PERSON INDEBTED TO THE CLAIMANT: TIM ASH

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
1492 METZGER RD CARSON WA
in SKAMANIA County, shington.

Parcel #03081740-32010
LOT 1, ESCH SHORT PLAT, IN SECTION 17D, TOWNSHIP 3 NORTH,
RANGE 8 EAST OF THE WILLAMETTE MERIDIAN MORE FULLY DESCRIBED
IN SKAMANIA COUNTY AUDITOR'S VOLUME 143, PAGE 627,
ACCORDING TO THE RECORDS OF AND LIEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER:
TIMOTHY &/OR SHAWN ASH

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 02, 1996

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 5374.70)
Plus lien costs in the amount of \$ 275.00

for a total of: \$ 5649.00

FIVE THOUSAND SIX HUNDRED FORTY NINE AND 70/100-----
DOLLARS

PLUS interest and attorney's fee.

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

-Claimant-

SEARCHED _____
INDEXED _____
SERIALIZED _____
FILED _____
DATE _____

STATE OF WASHINGTON

County of Clark

BOOK 162 PAGE 286

I, SALLY MAYORA, being sworn, say: 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 31 day of January, 1997.

Notary Public in and for the State of Washington, residing at Vancouver in said County.

STATE OF WASHINGTON)

County of Clark)

ELIZABETH A. STEFFY
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 1, 2000

I certify that I know or have satisfactory evidence that SALLY MAYORA is the person who appeared before me, and said person acknowledged that he/she signed this instrument, and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of Washington

My appointment expires: March 1, 2000

Dated: January 31, 1997

ELIZABETH A. STEFFY
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 1, 2000

Noted, Dir
Noted, Dir
Noted, Dir
Noted, Dir
Noted, Dir