

BOOK 164 PAGE 102

FILED FOR RECORD
SKAMANIA CO. WASH
BY Big Material
Info Bureau
APR 4 3 36 PM '97
P. Lowry
AUDITOR
GARY M. OLSON

HAINES ROOFING

-Claimant-

vs

LINDA BARNESON

CLAIM OF LIEN

NAME OF LIEN CLAIMANT: HAINES ROOFING
 TELEPHONE NUMBER: (360) 573-9488
 ADDRESS: 8415 NE CALEF RD VANCOUVER WA 98665

November 12, 1996

NAME OF PERSON INDEBTED TO THE CLAIMANT: LINDA BARNESON

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
22 BRYAN RD WASHOUGAL WA
in SKAMANIA County, Washington.

LOT 2, VUHHMAN HEIGHTS AS RECORDED IN VOLUME 151 PAGE 62
PARCEL 020525609
ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington

NAME OF THE OWNER OR REPUTED OWNER:
LINDA BARNESON

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:

January 14, 1997

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 1236.80)
Plus lien costs in the amount of \$ 150.00

for a total of: \$ 1386.00

ONE THOUSAND THREE HUNDRED EIGHTY SIX AND 00/100*****
DOLLARS
PLUS interest and attorney's fees

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

-Claimant-

Indexed, Dir ✓

STATE OF WASHINGTON

County of Clark

I, SALLY MAYGRA, 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.

Suscribed and sworn to before me this 4 day of April, 1997

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

STATE OF WASHINGTON)

County of Clark)

ss. (INDIVIDUAL ACKNOWLEDGEMENT)
MARCH 2000

I certify that I know or have satisfactory evidence that SALLY MAYGRA 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: April 04, 1997

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