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FILED FOR RECORD
SKAMANIA CO. WASH
BY Phyllis Coley

APR 11 11 12 AM '97

Oxley
AUDITOR
GARY M. OLSON

Return Address:

SKAMANIA LANDING OWNERS ASSOC., INC
P.O. Box 791
STEVENSON, WA 98648**CLAIM OF LIEN**

Indexing Information required by the Washington State Auditor's/Recorder's Office, (RCW 38.18 and RCW 05.04) 1/07: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) GARY NICHOLS (2) LYNETTE NICHOLS Add'l. on pg. _____

Grantee(s) (Claimants): (1) SKAMANIA LANDING OWNERS ASSOC., INC. Add'l. on pg. _____

Legal Description (abbreviated): BLOCK 3 LOT 5 WOODARD MARINA ESTATE Add'l. legal is on pg. _____

Assessor's Property Tax Parcel / Account # 0206 3414 380000

SKAMANIA LANDING OWNERS ASSOC., INC.
ClaimantGARY & LYNETTE NICHOLS
vs.
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:

- NAME OF LIEN CLAIMANT: SKAMANIA LANDING OWNERS ASSOC., INC.
TELEPHONE NUMBER: 427-4552 ADDRESS: P.O. Box 791
STEVENSON, WA 98648
- 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: MAY 5, 1996
- NAME OF PERSON INDEBTED TO THE CLAIMANT: GARY & LYNETTE NICHOLS
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): BLOCK 3 LOT 5 WOODARD
MARINA ESTATES SKAMANIA COUNTY WA.
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): GARY & LYNETTE NICHOLS
TELEPHONE NUMBER: _____
ADDRESS: 14647 S. 25th ST PHOENIX, AR 85048
- 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: MAR. 5, 1997



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

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,000.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE CLAIMANT IS ASSIGNEE

SKAMANIA LANDING OWNERS ASSOC, INC.
Claimant
Phyllis C. Coley
Print or Type Name
P.O. Box
Address
STEVENSON, WA 98648

Telephone Number _____

STATE OF WASHINGTON

County of Skamania }
Phyllis C. Coley SS.

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.

Date this 4th day of April 1997

PEGGY B. LOWRY
STATE OF WASHINGTON
NOTARY --- PUBLIC
MY COMMISSION EXPIRES 2-23-99

Peggy B. Lowry
Print Name Peggy B. Lowry

Notary Public in and for the State of Washington

My appointment expires: 2/23/99

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.