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BOOK 165 PAGE 235 FILED FUN MEUNISH SKAMANIA CO. WASH By The Duilding Dureau

Mar 13 3 02 PM '97

Return Address NORTHWEST LIEN SERVICE OF OLLGON Order # 222919 PO BOX 61917 VANCOUVER, WA 98666

LAZEL & SONS INC

-Claimant-

VS

WARD &/OR WANDA MILLER

CLAIM OF LITEN

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT TO CHAPTER 60.04 RCW In support to this lien, the following information is submitted:

NAME OF LIEN CLAIMANT: LAZEL & SONJ INC TELEPHONE NUMBER:

ADDRESS:

PO BOX 582 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:

March 21, 1997

NAME OF PERSON INDEBTED TO THE CLAIMANT: WARD & WANDA MILLER

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: 12 AHLSTEDT RD STEVENSON WA in SKAMANIA County, Washington.

LOT 1, AHLSTEDT SHORT PLAT, LYING WITHIN SECTION 36, TOWN-SHIP 3 WORTH, RANGE 7.5 EAST OF THE WILLAMETTE MERIDIAN MCRL FULLY DESCRIBED IN SKAMANIA COUNTY RECORDER'S VOLUME 158 PAGE 102

ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Weshington. Tax Parcel Number: 03-75-36-4-0-100J-00 NAME OF THE OWNER OR REPUTED OWNER:

WARD G/OR WANDA MILLER

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:

March 27, 1997

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 6384.80 ) Plus lien costs in the amount of 250.00

for a total of: ( SIX THOUSAND SIX HUNDRED THIRTY FOUR AND 80/100\*\*\*\*\*\*\*\*\*\*\*\*\*\* DOLLARS

PLUS interest and attorney's fees

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

BRIMMING. adexed, Dir 🗸

-Claimant-

STATE OF WASHINGTON

BOOK 165 PAGE 234

County of Clark

I, SALLY MAYGRA, heing 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 trustees of an employee benefit plan; above named; I have read the heard the foregoing claim, read and know the contents thereof, and helieve 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 perfury Mayyum

Suscribed and sworn to before me this

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

STATE OF WASHINGTON

ELIZABETH A. STEFFY NOTARY PUBLIC STATE OF WASHINGTON CORPORATION CORPORATION OF THE STATE OF THE STATE

County of Clark

MARCH 1, 2000

MAYGRA is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the LIMITED AGENT of LAZEL & SONS INC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

in the instrument

Notary public in and for the My appointment expires: Me Dated: May 06, 1997 te of Washington

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