

128064

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Return Address:

Willard Home Own.'s Assoc.  
Jeff Walker  
52 Cookhouse Rd.  
Willard WA 98605

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Bob Roe

MAY 6 10 48 AM '97  
P. Olson  
AUDITOR  
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein: 1. Claim of Lien 2. 3. 4.
GRANTOR(S) (Last name, first, (and) first name and initials) 1. Nielsen, Chris L. 2. Henderson, Susan J. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.
GRANTEE(S) (Last name, first, then first name and initials) 1. Willard Home Owners Association 2. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Lot 14 Plat of Willard <input type="checkbox"/> Complete legal on page _____ of document.
REFERENCE NUMBER(S) OF Documents assigned or released: n/a <input type="checkbox"/> Additional numbers on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03-09-02-1-1-1400 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <input type="checkbox"/> Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

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WILLARD HOME OWNERS ASSOCIATION  
Claimant

vs.

CHRIS L. NIELSEN SUSAN J HENDERSON  
Name of person indebted to Claimant:

CLAIM OF LIEN

Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: WILLARD HOME OWNERS ASSOCIATION  
TELEPHONE NUMBER: 509 535 2313  
ADDRESS: 52 COOKHOUSE ROAD WILLARD WA 98605
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 BECAME DUE: HOME OWNERS DUES - UNPAID OR PREPAID SINCE 1995
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CHRIS L. NIELSEN and SUSAN J. HENDERSON.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
PARCEL 03 09 02 11 1400 00 SKAMANIA COUNTY.  
LOT 14 PART OF WILLARD.
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):  
CHRIS L. NIELSEN SUSAN J HENDERSON.
6. 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:
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 400.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

WILLARD HOME OWNERS ASSOCIATION  
Claimant

Budthe SECRETARY  
Print or Type Name

BOB ROE  
Address

52 COOKHOUSE ROAD WILLARD  
WA 98605

Telephone Number: \_\_\_\_\_

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STATE OF WASHINGTON, COUNTY OF

*Skamania*

ss. }

*Bob Roe*

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.

Subscribed and sworn to before me this *6th* day of *May*, 19 *97*.

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

*Peggy B. Lowry*  
Notary Public in and for the State of *Washington*

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.