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BOOK 166 PAGE 849

FILED FOR RECORD
SKAMANIA CO. WASH
BY Des Verley

JUL 3 9 03 AM '97

P. Olsson
AUDITOR
GARY M. OLSON

Return Address:

Des Verley Contracting9 Osterman RoadWhite Salmon, WA 98672**CLAIM OF LIEN**

(Indexing information required by the Washington State Auditor's/Recorder's Office, RCW 16.38 and RCW 60.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) Dale & Judy Cooke (2) Russell Kennedy, McGraw Add'l. on pg. _____

Grantee(s) (Claimant): (1) Des Verley Contracting (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): Lot 1 of Hansen/Habersetzer SP Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # 04-09-26-00-0306-00

Des Verley Contracting

Claimant

Russell Kennedy & Teresa McGraw vs.
Dale & Judy Cooke (Current property owners)

Name of person indebted to Claimant

Des Verley Contracting

vs.

Russell Kennedy & Teresa McGraw

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:

1. NAME OF LIEN CLAIMANT: Des Verley
TELEPHONE NUMBER: (509) 493-4200 ADDRESS: 9 Osterman Road
White Salmon, WA 98672
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: 5/6/97
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Russell Kennedy & Teresa McGraw
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 1 of Hansen/Habersetzer Short Plat on Oklahoma Road, Willard, WA
Parcel # 04-09-26-00-0306-00
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Dale & Judy Cooke
TELEPHONE NUMBER: _____ ADDRESS: Unknown
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: 5/8/97



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

Registered _____
Indexed, Dir _____
Indirect _____
Filmed _____
Mailed _____

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2,263.05 (plus interest at 12% per annum)
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Des Verley
 Claimant
Des Verley Contracting
 Print or Type Name
9 Osterman Road
 Address
White Salmon, WA 98672
(509) 493-4200 or (509) 493-1901
 Telephone Number

STATE OF WASHINGTON

County of Skamania

SS.

Des Verley, 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 _____ is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Date this 3rd day of July, 1997
Peggy B. Lowry
 Print Name Peggy B. Lowry
 Notary Public in and for the State of Washington
 My appointment expires: 2/23/99

PEGGY B. LOWRY
 STATE OF WASHINGTON
 NOTARY - - - - PUBLIC
 MY COMMISSION 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.