

128700

BOOK 167 PAGE 310

FILED FOR RECORD
SKAMANIA CO. WASH
BY Dolly Newman

JUL 18 11 58 AM '97

P. Lowry
AUDITOR
GARY M. OLSON

Return Address:

Dolly M. Newman
P.O. Box 148
Carson, Wash. 98610**CLAIM OF LIEN**

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): _____

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

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): _____ Add'l. legal is on pg. _____

Assessor's Property Tax Parcel / Account # 03 07 36 14 1600 00

Dolly M. Newman
Claimant
vs.
Michael Sweeney
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:

1. NAME OF LIEN CLAIMANT: Dolly M. Newman
TELEPHONE NUMBER: _____ ADDRESS: P.O. Box 148
Carson, Wash. 98610
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: February 23rd 1997
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Michael Sweeney
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
322 Frank Johns Rd
Stevenson WA 98648
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Michael Sweeney
ADDRESS: 322 Frank Johns Stevenson TELEPHONE NUMBER: 509-447-4747
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: 5/7/97



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

Filed for Record ☒
Recorded ☒
Subscribed ☒
Witnessed ☒

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: NINE THOUSAND FOUR HUNDRED ELEVEN. 47/100
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

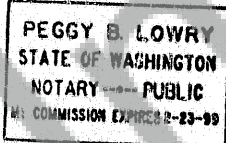
Claimant
Dolly M. Newman
 Print or Type Name
PO Box 148
 Address
CARSON, WASH. 98610
509-427-7197
 Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.
Dolly M. Newman

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 18th day of July 1987



Peggy B Lowry
 Print Name
 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.