

128821

FILED FOR RECORD
SKAMANIA CO. WASH
BY Patricia D Johnson

JUL 31 2 16 PM '97
P. Johnson
AUDITOR
GARY M. OLSON

Return Address:
PATRICIA D JOHNSON
1972 Labarre Rd
WASHOUGAL WA 98671

BOOK 167 PAGE 737

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 39.16 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): _____

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

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

Legal Description (abbreviated): 5th Wheel Trailer Storage Add'l. legal is on pg _____

Assessor's Property Tax Parcel /Account # 02-05-29-1-0-0203-00

JOHNSON Patricia D
Claimant
vs.
NADING Forest
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: PATRICIA D JOHNSON
TELEPHONE NUMBER: 360-837-3537 ADDRESS: 1972 Labarre Rd
WASHOUGAL WA 98671
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: 1-97
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Forest NADING
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description, or other information that will reasonably describe the property): yellow/orange/white 5th
wheel travel trailer stored at 1972 Labarre
Rd Washougal WA 98671
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Forest NADING
ADDRESS: UNKNOWN PHONE NUMBER: _____
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: 2-97



Claim of Lien
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2100

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

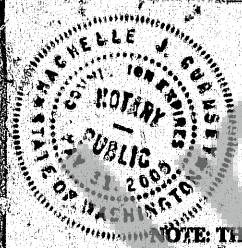
Claimant: Patricia Johnson
Print or Type Name: JOHNSON PATRICIA D
Address: 1972 Labarre RD
WASHOUGAL WA 9867
Telephone Number: 360-837-3537

STATE OF WASHINGTON

County of Clark }
Patricia D Johnson 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 31st day of July 1997



Machelle J Brunsey
Print Name: Machelle J Brunsey
Notary Public in and for the State of: Washington
My appointment expires: May 31 2000

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.