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BOOK 169 PAGE 151

FILED FOR RECORD
SKAMANIA CO. WASH
BY Sam Davis

SEP 18 1 06 PM '97

OLSON
AUDITOR
GARY M. OLSON

Return Address:

Riverside Gutter service
PO Box 4964
Vanc Wash 98662**CLAIM OF LIEN**

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 05.04) 1/67:		(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 / Acctbunt # <u>2-5-23-3-1100</u>		

Riverside Gutter
Claimant

vs.

Name of person indebted to Claimant: _____

Registered	<input checked="" type="checkbox"/>
Indexed, On	<input checked="" type="checkbox"/>
Filed	<input checked="" type="checkbox"/>
Sealed	<input type="checkbox"/>

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:

- NAME OF LIEN CLAIMANT: Riverside Gutter Service
TELEPHONE NUMBER: 256-4017 ADDRESS: PO Box 4964
Vancouver Wash 98662
- 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: 8/8/97
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Lawrence M Lhommedieu
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 101 River Glenn Rd
Washougal Wash 98671
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Lawrence M
LHOMMEDIU ADDRESS: _____ TELEPHONE NUMBER: _____
- 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: 8/8/97



Claim of Lien

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 100.61
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

Sam Davis
Claimant

SAM DAVIS
Print or Type Name

PO Box 4964
Address

Vanc Wash 98662
Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.
Sam Davis

Sam Davis 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 September, 1997.

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

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.