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BOOK 173 PAGE 438

FILED FOR RECORD
SKAMANIA CO. WASH
BY James Johnston

FEB 18 10 55 AM '98

Osborn
AUDITOR
GARY M. OLSON

Return Address:

James W. Johnston
441 Gropper Rd.
Stevenson Wa 98648**CLAIM OF LIEN**

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 05.04) 1/07:		(please print last name first)
Reference # (If applicable):		
Grantor(s) (Owner): (1) <u>Ward L. Miller</u>	(2) <u>Wanda D. Miller</u>	Add'l. on pg. _____
Grantee(s) (Claimants): (1) <u>James W. Johnston</u>		(2) _____ Add'l. on pg. _____
Legal Description (abbreviated): <u>LOT 1 AHLSTEDT SP BK 2 PG 105</u>		Add'l. legal in on pg. _____
Assessor's Property Tax Parcel /Account # <u>03-75-36-4-0-1000-00</u>		

James W. Johnston
Claimant
Ward L. & Wanda D. Miller vs.
 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:

- NAME OF LIEN CLAIMANT: James W. Johnston
TELEPHONE NUMBER: 427-8859 ADDRESS: 441 Gropper Rd Stevenson, Wa. 98648
- 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: 3/10/97
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ward L. & Wanda D. Miller
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (first address, legal description or other information that will reasonably describe the property): LOT 1 AHLSTEDT SP BK 2 PG 105
P.O. Box 142 Stevenson, Wa 98648
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Ward L. & Wanda D. Miller
ADDRESS: P.O. Box 142 Stevenson, Wa 98648 TELEPHONE NUMBER: 427-4924
- 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: 2/18/98



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

SEARCHED ☒
 INDEXED ☒
 FILED ☒
 SERIALIZED ☒

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$13,013.07
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes

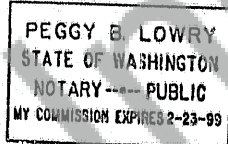
James W. Johnston
 Claimant James W. Johnston
 Print or Type Name
441 Gropper Rd.
 Address Stevenson, WY 82648
427-8859
 Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.

James W. Johnston 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 or reasively under penalty of perjury.

Date this 18th day of February, 1998



Peggy B. Lowry
 Print Name Peggy B. Lowry
 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.