

130666

BOOK 173 PAGE 880

FILED FOR RECORD  
SKAMANA, WASH  
BY *NW Lien Service*

MAR 2 1 39 PM '98

*P. Olsson*  
AUDITOR  
GARY M. OLSON

Return Address:  
N.W. LIEN SERVICE, INC.  
101 E. 8th ST.  
STE. 330E  
VANCOUVER, WA 98660

DIG3530SK

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.10 and RCW 65.04) 1/27:		(please print last name first)
Reference # (if applicable): _____		
Grantor(s) (Owner): (1) <u>STROISCH, SHAUNA L</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>DESCO INDUSTRIAL *</u>	(2) <u>* GROUP, INC.</u>	Add'l. on pg _____
Legal Description (abbreviated): <u>LOT 10, SOOTER TRACTS</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>03 10 22 1 4 0901 00</u>		

DESCO INDUSTRIAL GROUP,  
INC. Claimant  
vs.  
SHAUNA L. STROISCH  
Name of person indebted to Claimant

*Registered*  
*Indexed*  
*Filed*

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: DESCO INDUSTRIAL GROUP, INC.  
TELEPHONE NUMBER: (503)245-2273 ADDRESS: 10157 SW BARBUR BLVD #100C,  
PORTLAND, OR 97219
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: 1/12/97
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SHAUNA L. STROISCH  
DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): LOT 10, SOOTER TRACTS  
261 CIRCLE DR., UNDERWOOD, WA 98651  
03 10 22 1 4 0901 00
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): SHAUNA L. STROISCH  
TELEPHONE NUMBER: UNK ADDRESS: PO BOX 594, HOOD RIVER,  
OR 97031
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: 2/25/98



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$5,226.78

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

*Robert Briede*  
Claimant

Print or Type Name  
ROBERT BRIEDE

Address  
10157 SW BARBUR BLVD #100C  
PORTLAND, OR 97219

Telephone Number  
(503) 245-2273

OREGON  
STATE OF WASHINGTON

County of MULTNOMAH } SS.

ROBERT BRIEDE, 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.

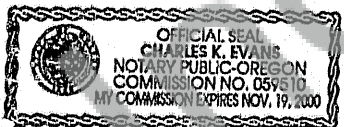
Date this 27TH day of FEBRUARY, 1998

*Charles K. Evans*  
Notary Public

Print Name CHARLES K. EVANS

Notary Public in and for the State of OREGON

My appointment expires: 19NOV00



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.