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BOOK 174 PAGE 189

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Phyllis Caley

MAR 9 3 51 PM '98

GARY M. OLSON  
AUDITOR

Return Address:

Skamania Landing Owners Assoc, Inc  
PO Box 791  
Stevenson, WA 98648Amended  
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): <u>125635 158132</u>		
Grantor(s) (Owner): (1) <u>John E. Stevenson</u>	Add'l. on pg	
Grantee(s) (Claimant): (1) <u>Skamania Landing Owners Assoc, Inc</u>	Add'l. on pg	
Legal Description (abbreviated): <u>Block 3, Lot 12 Woodard Marina Estates, Skamania County, Washington</u>	Add'l. on pg	
Assessor's Property Tax Parcel Account # <u>02-06-34-1-4-3200-00</u>		

Skamania Landing Owners Assoc

Claimant:

John E. Stevenson

vs.

Name of person indebted to Claimant:

RECEIVED  
MAR 10 1998  
CLERK OF SUPERIOR COURT  
CLERK OF DISTRICT COURT  
CLERK OF COUNTY COURT  
CLERK OF JUDICIAL DISTRICT COURT  
CLERK OF PROBATE COURT  
CLERK OF CHANCERY COURT  
CLERK OF APPELLATE COURT  
CLERK OF SUPREME COURT

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: Skamania Landing Owners Assoc, Inc  
TELEPHONE NUMBER: 425-4081 ADDRESS: P.O. Box 791  
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: June 16, 1997
- NAME OF PERSON INDEBTED TO THE CLAIMANT: John E. Stevenson
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Block 3 Lot 12  
Woodard Marina Estates, Skamania  
County, Washington
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): John E. Stevenson  
ADDRESS: P.O. Box 388, Stevenson, WA 98648 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: June 16, 1997



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: Amended to \$700.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

Skamania Landing Owners Assoc., Inc.  
 Claimant  
Phyllis C. Caley, TREAS.  
 Print or Type Name  
P.O. Box 791  
 Address  
Stevenson, WA. 98648  
427-4081  
 Telephone Number

STATE OF WASHINGTON

County of Skamania } 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 9<sup>th</sup> day of March 1998

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

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.