

FILED FOR RECORD
SKAMANIA CO. WASH
BY Tonni Lohr

AUG 3 1 56 PM '98

G. Lohr
AUDITOR
GARY M. OLSON

Return Address:

Tonni M. Lohr, President of Riverside Estates

131 Jennifer Way

Washougal, WA 98671

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 30.18 and RCW 65.04) 1/07:		(please print last name first)
Reference # (if applicable):		
Grantor(s) (Owner):	(1) <u>Howard J. Kuhnle</u>	(2) <u>Loretta Kuhnle</u>
Grantee(s) (Claimants):	(1) <u>Riverside Estates Association</u>	
Legal Description (abbreviated):	<u>Lot 10, Riverside Estates</u>	Add'l. on pg. _____
Assessor's Property Tax Parcel / A/c count #	<u>2-5-29-3-1400</u>	Add'l. legal is on page _____

Riverside Estates Association

Claimant

Howard & Loretta Kuhnle

vs.

Name of person indebted to Claimant

SEARCHED _____
INDEXED _____
DIRECT _____
TIME _____
DATE _____

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: Riverside Estates Association
TELEPHONE NUMBER: (360) 837-1703 ADDRESS: 131 Jennifer Way
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: July 30, 1998
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Howard & Loretta Kuhnle
4. 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, Riverside Estates, according to the official plat thereof on file and of record at page 44 & 45 on book "B" of plats, records of Skamania County, Washington.
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Mr. & Mrs. Kuhnle
TELEPHONE NUMBER: (360) 837-3231 ADDRESS: P.O. Box 431
Washougal, WA 98671
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: July 30, 1998



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: \$360.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Riverside Estates Association

Claimant

Tonni M. Lohr, President

Print or Type Name

131 Jennifer Way

Address

Washougal, WA 98671(360) 837-1703

Telephone Number

STATE OF WASHINGTON

County of Skamania

SS.

Riverside Estates Association, 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.

Tonni M. Lohr (President)

Date this 3rd day of August, 1998.

Print Name _____

Notary Public in and for the State of _____

My appointment expires: _____

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.