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FILED FOR RECORD
SKAMANIA CO. WASH
BY Terry Trantow

Oct 6 2 32 PM '98

D. Laury
AUDITOR
GARY M. OLSON

Return Address:

TERRY N. TRANTOW
POB 287
BINGEN, WA 98605

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) JACK COLLINS (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) TERRY N. TRANTOW (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): NE 1/4 Sec. 8, T1N, R5E, W.M. Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 1-5-B-100

TRANTOW SURVEYING, INC

Claimant

vs.

JACK COLLINS

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: TRANTOW SURVEYING, INC., TERRY N. TRANTOW, Pres.
TELEPHONE NUMBER: 509-493-3111 ADDRESS: POB 287 BINGEN, WA 98605
- 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 3, 1998
- NAME OF PERSON INDEBTED TO THE CLAIMANT: JACK COLLINS
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): N 1/2 NE 1/4 & SE 1/4 NE 1/4 Section 8, T1N, R5E, W.M., SKAMANIA COUNTY, WASH.
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): JACK COLLINS
TELEPHONE NUMBER: 360-835-3353 ADDRESS: POB 348, WASHOUGAL, WA 98671
- 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 16, 1998



Claim of Lien

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MAT'IAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Recorded _____
Indexed, L.R. _____
Filed _____
Noted _____
Satisfied _____

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3384.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

TRANTOW SURVEYING INC.
 Claimant
TERRY N. TRANTOW, Pres.
 Print or Type Name
PO BOX 287
 Address
BINEEN, WA 98605
509-493-3111
 Telephone Number

STATE OF WASHINGTON

County of SKAMANIA

SS.

TERRY N. TRANTOW, 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.

Terry N. Trantow

Date this 6th day ofOctober, 1998Print Name Shirley A. LittleNotary Public in and for the State of WashingtonMy appointment expires: 12-17-99

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.