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SKAT... WASH  
BY Riverside Estates

FEB 3 11 14 AM '00

*Plawry*

GARY M. ADKINS

Return Address:

JANAÉ HIRSCHÉ, PRESIDENT RIVERSIDE ESTATES ASSOCIATION  
502 RIVER RD.  
WASHOUGAL, WA 98671

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor/Recorder's Office, (RCW 88.16 and RCW 65.04) 1/07: (please print last name first)

Reference # (if applicable): \_\_\_\_\_

Grantor(s) (Owner): (1) Laura Burns (2) \_\_\_\_\_ Add'l. on pg. \_\_\_\_\_

Grantee(s) (Claimant): (1) RIVERSIDE ESTATES ASSOCIATION Add'l. on pg. \_\_\_\_\_

Legal Description (abbreviated): LOT 2 RIVERSIDE ESTATES BK B PG 44 Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel / Account # 22 05 29 3 0 0500 00 tca 101 / 17743

RIVERSIDE ESTATES ASSOCIATION  
Claimant  
vs.  
LAURA BURNS  
Names 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:

1. NAME OF LIEN CLAIMANT: RIVERSIDE ESTATES ASSOCIATION  
TELEPHONE NUMBER: 837-8063 ADDRESS: 502 RIVER RD. 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: 3/1/99
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: LAURA BURNS
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 2 RIVERSIDE ESTATE 2, BK B, PG 44
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): LAURA BURNS  
TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: 9633 SUNLAND PLACE SHADON HILLS, CA 91040
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: 3/1/99



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

Registered \_\_\_\_\_  
Indexed  \_\_\_\_\_  
Filed  \_\_\_\_\_  
Time \_\_\_\_\_  
Date \_\_\_\_\_

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$272.00
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

RIVERSIDE ESTATES ASSOCIATION  
 Claimant  
JANAE M. HIERSCHE, PRESIDENT  
 Print or Type Name  
502 RIVER RD.  
 Address  
WASHOUGAL, WA 98671  
(360)837-8063  
 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 trustee 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 them is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Janae Miersche (President)

Date this 3rd day of February, 2000

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.**