

Return Address:

James & Kathleen Campbell  
912 Scott Rd  
Skamania, WA 98648

FILED  
SEARCHED  
BY *James & Kathleen Combelic*

May 1 4 14 PM '00

Q. Larry  
GARY E. OLSON

## CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 30.10 and RCW 65.04) 1/9 (please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) Daniel Morse dba West Lafayette Investments, Inc Add'l. on pg

Grantee(s) (Claimant(s)): (1) James Combelle (2) Kathleen Combelle Add'l. on pg. \_\_\_\_\_

Legal Description (abbreviated): Lot 3, O.E. Lumber Co Subdivision Book A p 29 Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # 03 09 14 2 0 1700 00

James & Kathleen Campbell

James F. Martinez Complainant

VS.

Daniel Morse Aka Dusty Moss

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:

1. NAME OF LIEN CLAIMANT: James & Kathleen Cambolic  
TELEPHONE NUMBER: 509-927-8110 ADDRESS: 912 Scott Rd. Skamania WA  
98668
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE IN WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: N/A
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel Morse aka Dusty Moss
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
\_\_\_\_\_  
\_\_\_\_\_
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Daniel Morse  
TELEPHONE NUMBER: 509-538-2416 ADDRESS: 231 Jessy Rd. Cook WA 98605
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: OR MONIES OWED WERE DUE 1-Jan. 1998



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$450,000<sup>00</sup>
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

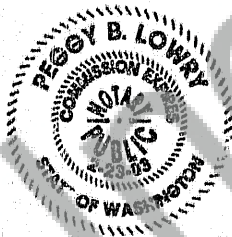
James Campbell, Kathleen Campbell  
 Claimant  
James Campbell Kathleen Campbell  
 Print or Type Name  
912. Scott Rd  
 Address  
Skamania, WA 98648  
509.427.8110  
 Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.

James and Kathleen Campbell, 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.

James Campbell Kathleen Campbell  
 Signed and sworn to before me on this 1st day of May, 2000



Peggy B. Lowry  
 Notary Name  
 Notary Public In and for the State of Washington  
 My appointment expires: 2/23/03

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.

