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BOOK 198 PAGE 935

FILED  
SKY  
BY Kathleen Combelle

May 1 4 37 PM '00

O'Leary

GARY L. OLSON

Return Address:

Kathleen Combelle  
912 Scott Rd  
Stamania WA 98648

## CLAIM OF LIEN

Indexing Information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 65.04) 1/07/ (please print last name first)

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

Debtor(s) (Owner): (1) Dusty Moss Aka Daniel Morse (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

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

Legal Description (abbreviated): Lot 3, Oregon Lumber Co Subdivision Block A Add'l. legal is on page 1-2

Assessor's Property Tax Parcel / Account # 3-9-14-2.00-1700

Kathleen Combelle  
 Claimant  
 vs.  
Dusty Moss Aka Daniel Morse  
 Name of person indebted to Claimant

Impounded  
 Indexed  
 Filed  
 May 1 2000  
 Recorder's Office  
 King County, WA

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: Kathleen Combelle  
 TELEPHONE NUMBER: 509.427.6110 ADDRESS: 912 Scott Rd, Stamania WA 98648
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: N/A
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Dusty Moss aka Daniel Morse
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 731 Jessep Rd, Coon, WA 98605
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Dusty Moss aka Daniel Morse  
 TELEPHONE NUMBER: 509.532.2416 ADDRESS: 731 Jessep Rd Coon 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: on loan monies owed and due - Jan. 1998



Claim of Lien  
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$25,000<sup>00</sup> (Twenty Five Thousand)
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

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

STATE OF WASHINGTON

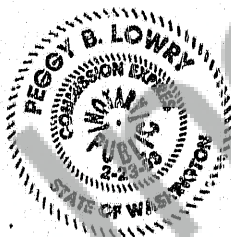
County of Skamania }

§§.

Kathleen Combelle 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

Signed and sworn to before me on

1st day of May, 2000



Print Name

Peggy B. Lowry

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.



Claim of Lien

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