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BOOK 199 PAGE 125

FILED
SKA
BY Virginia Hansen

MAY 10 4 04 PM '00

O'Leary
GARY M. OLSON

Return Address:

727 SE Union St
Camas, WA 98607

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 26.18 and RCW 25.04) 1/07: (please print last name first)

Reference # (if applicable): _____

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

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

Legal Description (abbreviated): _____ Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 01-05-07-0702

Skye Timber Corp Claimant
Denise Barker vs.
 Name of person indebted to Claimant

Registered ☒
 Indexed ☒
 Indexed ☒
 Indexed ☒
 Indexed ☒
 Indexed ☒

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: Skye Timber Corp.
 TELEPHONE NUMBER: 360 834 4566 ADDRESS: 727 SE Union St, Camas WA 98607
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: March 27, 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Denise Barker
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 891 Martin-Didier Road, Washougal, WA 98671, Sub 4 Sect 7 T1N 25E Wm
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Denise Barker
 TELEPHONE NUMBER: _____ ADDRESS: 891 Martin-Didier Rd 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: March 31, 2000



Claim of Lien
 ©Washington Legal Blank, Inc., Issaquah, WA Form No. 60 10/96
 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3,875.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: n/a

Virginia Hansen
 Claimant
Virginia Hansen
 Print or Type Name
727 SE Union St
 Address
Samas, WA 98607
360 834 4566
 Telephone Number

STATE OF WASHINGTON

County of Skamania
Virginia Hansen

SS.

_____, 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.

Virginia Hansen

Date this 10th day of May, 2000



Peggy B. Lowry
 Print 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.