

138718

BOOK 261 PAGE 212

FILED IN BOOK
SKAMIA COUNTY
BY Robert Landgren

Jul 28 11 22 AM '00

Polony
GARY L. OLSON

Return Address:

Vanguard Nursery
P.O. Box 2201
White Salmon, Wa. 98672

CLAIM OF LIEN

Indicate information required by the Washington State Superior Court's Office, (RCW 26.18 and RCW 69.50.100)

Reference # (if applicable): _____

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

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

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

Assessor's Property Tax Parcel / Assessor's # 0308 212 002 0000

Vanguard Nursery

Claimant

Kevin + Fawn Bligh

Name of person indebted to Claimant:

Registered ☒

Recorded ☒

Address ☒

Time ☒

Rate ☒

Notice is hereby given that the person named below claims a lien pursuant to chapter 69.50, RCW, in support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Robert L Landgren DBA+
 TELEPHONE NUMBER: 509-423-1749 ADDRESS: P.O. Box 2201 White Salmon
Wash. 98672
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYED BENEFIT CONTRIBUTIONS BECAME DUE: 5-15-00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Kevin + Fawn Bligh
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (include address, legal description or other information that will reasonably identify the property): 712 Metzger Rd. Carson Wash 98610
Lot 4 of Bennett Short plat Book 9 page 14
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Kevin + Fawn Bligh
 TELEPHONE NUMBER: 509-427-4488
 ADDRESS: P.O. Box 714 Carson, Wash 98610
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: 5-15-00



Office of the
 Washington Legal Clerk, P.O. Box 3400, 901 First Ave. 98101
 NOTICE: MAY BE FILED BY ANY PERSON WITHOUT A FEE

+ Vanguard Nursery

7. PRINCIPAL ACCOUNT FOR WHICH THE LIEN IS CLAIMED IS: 3886.98
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

Robert L Landgren
 Claimant: Robert L Landgren
 Print or Type Name: Robert L Landgren
 Address: P.O. Box 2201
White Salmon, Wash 98672
509-493-1549
 Telephone Number

STATE OF WASHINGTON

County of Skamania ss.

Robert L Landgren, 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.

Date this

28th

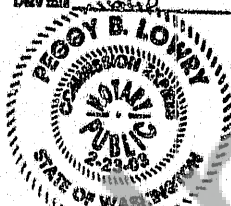
day of

July2000

Print Name

Notary Public in and for the State of

My appointment expires:



NOTE: THIS 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.