

FILED FOR RECORD
SKAMANIA CO. WASH
BY Vince James

JAN 5 12 40 PM '01

Gary
AUDITOR
GARY M. OLSON

Return Address:

OREN JAMES TRUCKING INC.
121 RUKMAN RD
WASHINGTON WA. 98671

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 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 # _____		

OREN JAMES TRUCKING INC. Claimant
vs.
AVERY BACKHOE SERVICE
Name of person indebted to Claimant

Registered ☒
Recorded ☒
Filed ☒
Mailed ☒

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: OREN JAMES TRUCKING INC.
TELEPHONE NUMBER: 360-832-3394 ADDRESS: 121 RUKMAN RD
WASHINGTON 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: 10-23-00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: AVERY BACKHOE SERVICE
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): WASHINGTON APPROX. MP. 9 & CAPE HORN SCHOOL DISTRICT
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): SKAMANIA COUNTY
TELEPHONE NUMBER: 509-427-9448 ADDRESS: 290 N. 2ND AVE. SUITE 1
STEVENSON WA. 98648
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: 12-21-00



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 26,040.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

OREN JAMES TRUCKING INC.
Claimant

Print or Type Name

121 BETHMAN RD

Address

WASNOUHAL WA, 98621

(360) 837-3394

Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.

Vince James 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 and, under penalty of perjury.

Signed and sworn to before me on this 5th day of January, 2001.



Peggy B. Lowry

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
Washington Legal Blank, Inc., Issaquah, WA Form No. CL 10/98
MATERIAL MAY NOT BE REPRODUCED BY WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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