

FILED FOR RECORD
SKAMANA CO. WASH.
BY Thomas Vandenberg

JAN 23 10 25 AM '02

P. Lowry
AUDITOR

J. MICHAEL GARVISON

Return Address:

12281 Washougal River Rd.
Washougal
Washington 98671

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/02: (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): Lot 2 Cape Horn View Shatt Plat Bk 3 Pg 392 Add'l. legal is on page _____

Assessor's L. & Property Tax Parcel / Account #: 2-5-35-601

Thomas F. Vandenberg
Claimant
vs.
Dan Huntington
Name of person indebted to Claimant

Reviewed _____
Indexed _____
Filed _____
Searched _____
Noted _____

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:

- NAME OF LIEN CLAIMANT: Thomas F. Vandenberg
TELEPHONE NUMBER: _____ ADDRESS: 12281 Washougal River Rd.
Washougal WA 98671
- 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: 10/07/01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Dan Huntington
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1512 Mabec
Mines Road, Washougal WA. 98671
3.15 acres 3 bedroom & bath mobile home
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Dan Huntington
TELEPHONE NUMBER: 360 253 1120 ADDRESS: Po Box 230
Washougal 98671
- 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: 11-24-01



Claims of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$801.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

11-5d-01

Claimant

Print or Type Name

Address

Telephone Number

Thomas F. VandenbergThomas F. Vandenberg12281 Washougal River Rd.Washougal, WA 98671360-486-71

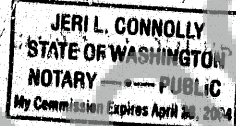
STATE OF WASHINGTON

County of

Skamania } SS.

Thomas F. Vandenberg, 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 this

1/23/02 day ofJanuary

Print Name

Notary Public in and for the State of

My appointment expires:

Jeri L. ConnollyJeri L. ConnollyWashingtonApril 20, 2004

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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