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BY *Melanie Ellis*

DEC 4 3 46 PM '02

*P. Murray*AMERICAN
J. MICHAEL GARVISON

Return Address:

*Melanie Ellis
601 Matthews Rd
Washougal, Wa 98671*

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97.

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) *Ellis, Timothy* (2) _____

Add'l. on pg _____

Grantee(s) (Claimants): (1) *Ellis, Melanie* (2) _____

Add'l. on pg _____

Legal Description (abbreviated): *601 Matthews Rd, Washougal, Wa 98671* Add'l. legal is on page _____Assessor's property tax parcel # *2-5-20-601* 2-5-20-606*Melanie Ellis*

Claimant

Timothy D Ellis

Name of person indebted to Claimant

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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: *Melanie Ellis*
TELEPHONE NUMBER: *360-837-3122* ADDRESS: *601, Matthews Rd, Washougal, 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: *Sep 17, 2002*
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: *Timothy D Ellis*
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): *601, Matthews Rd, Washougal, Wa 98671*
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): *Timothy D Ellis*
TELEPHONE NUMBER: *360-513-5402* ADDRESS: *1101 NE 7th St, # A.M-6
Vancouver, Wa 98684*
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: *Nov 5, 2002*



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 5,900.00
 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Yes

Melanie Ellis
 Claimant
Melanie Ellis
 Print or Type Name
601 Matthews Road
 Address
Washougal wa 98671
360-837-3682
 Telephone Number

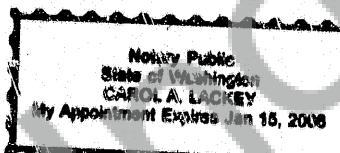
STATE OF WASHINGTON

County of Clark } ss,

Melanie Ellis, 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.

Melanie Ellis

Signed and sworn to before me on this 4 day of December, 2022.



Carol A. Lackey
 Print Name CAROL A. LACKEY
 Notary Public in and for the State of Washington
 My appointment expires: 01-15-26

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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