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BOOK 253 PAGE 59

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SKAGWAY, ALASKA WASH

BY Phyllis Caley

OCT 24 12 09 PM '03

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J. MICHAEL WILSON

RETURN ADDRESS:

SKAMANIA LANDING OWNERS ASSN. INC.
P.O. Box 791
Stevenson, WA 98648

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Claim of Lien
- 2.
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Arnold, Greg
2. Arnold, Patricia
- 3.
- 4.

☐ Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. SKAMANIA LANDING OWNERS ASSN. INC.
- 2.
- 3.
- 4.

☐ Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Lots 1 & 2 Block 4 WILDLAND MARINA ESTATES

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released: NA

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

0200341470000 10200341480000

☐ Property Tax Parcel ID is not yet assigned.☐ Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

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P.O. Box 791
Stevenson, WA 98648

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 65.04) 1/07: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) ARNOLD, GREG (2) ARNOLD, PATRICIA Add'l. on pg. _____

Grantee(s) (Claimant): (1) SKAMANIA Landing Owners ASSN, INC. Add'l. on pg. _____

Legal Description (abbreviated): Lot 1 & 2 Block 4 WOODLAND MARINA ESTATES is on page _____

Assessor's Property Tax Parcel / Account # 02-06-34140800-02-06-34140800

SKAMANIA Landing Owners ASSN, INC.
 Claimant
GREG + PATRICIA ARNOLD
 vs.
 Name of person indebted to Claimant

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: SKAMANIA Landing Owners ASSN, INC.
 TELEPHONE NUMBER: 509-447-4031 ADDRESS: P.O. Box 791
Stevenson, WA 98648
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: September 6, 2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: GREG + PATRICIA ARNOLD
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 401 Lakeside Dr. Stevenson WA 98648 Lot 1 & 2 Block 4 WOODLAND MARINA ESTATES / P.O. Box SKAMANIA Landing Owners ASSN, INC.
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): GREG + PATRICIA ARNOLD
 TELEPHONE NUMBER: 509-447-4031 ADDRESS: P.O. Box 2015, N. Bemerick WA 98639
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: MAY 1, 2003



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$250.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Skamania Landing Owners Assoc, Inc
Claimant

Print or Type Name

Sk. Ba. 791

Address

Stevenson, WA 98648

509-427-4081

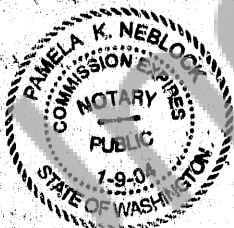
Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.

Phyllis C. Calky Treas., 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 24th day of October, 2003.



Pamela K. Neblock

Print Name Pamela K. Neblock

Notary Public in and for the State of Washington

My appointment expires: 1-9-04

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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