BY TUBS DEC CO CO OF IN SE GAR SON Tualatin Valley Builder's Supply Inc. Claimant__ CLAIM OF LIEN 8 Stephen Tellman Gaynelle Tellman 9 Owner or Reputed Owner___ 10 11 TO: Skamania County Auditor 12 NOTICE IS HEREBY GIVEN that on the 29th day of September . 1992 at the request of 13 commenced to perform labor, or the furnish material, or to supply equipment, to be used upon construction 14 located at __Postal_Route_1011R_ in __Skamania_County______. Washington. and legally described as: 15 1-5-7-500 Parcel # 16 17 of which property the owner, or reputed owner, is Stephen Tellman & Gaynelle Tellman 18 and the general contractor is ____Ken_Steele The performance of which labor, or the furnishing of which materials, or the supplying of which equipment, ceased 19 on the <u>18th</u> day of October _____, 1992___, and is briefly described as: 20 **Building Materials** 21 22 23 or equipment the undersigned claims a lien pursuant to rights given under R.C.W. 60.04 upon the property herein 24 described for the sum of Three thousand, seven hundred four dollars and fifty-nine cents Dollars (\$_3,704.59 __), (And _ 25 is assignee of said claim, or claims.) 26 Tualatin Valley Builder's Supply Inc. Claimant 27 PO Box 1138 Address 28 Lake Oswego, Or 97035 29 503-697-3763 Telephone 30

(Isim of Lien Issaquah, WA Form No. 90, 7/89 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

| Oregon STATE OF VXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| County of Clackamas 5 | |
| Steven A. Hillier, Treasurer I am the claimant (or attorney of the claimant) above name and believe the same to be just. Signed and sworn to before me this | |
| OFFICIAL SEAL RESECCA CIEPLEY NOTARY PUBLIC - OFFIGER COMMISSION NO 1/5E27 MY COMMISSION EXPIRES JUNE 22, 1996 | Notary Public in and for the State of Aregonomy My appointment expires: 6-2-96 |
| STATE OF WASHINGTON) | |
| County of | (CORPORATE ACKNOWLEDGEMENT) |
| I certify that I know or have satisfactory evidence is the person who appeared before me, and said person that _he was authorized to execute the instrument and of | n acknowledged that _he signed this instrument, on oath stated lacknowledged it as the |
| STATE OF WASHINGTON | (INDIVIDUAL ACKNOWN EDGEMENT) |
| County of \$ ss. | (INDIVIDUAL ACKNOWLEDGEMENT) |
| I certify that I know or have satisfactory evidence is the person who appeared before me, and said person a it to be h free and voluntary act for the uses and p | cknowledged that he signed this instrument and acknowledged |
| Dated: | |
| | Notary Public in and for the State of My appointment expires: |