

115593

By Margaret Siders

FEB 18 2 52 PM '93

P. Henry
GAR SON

WESTWIND CONSTRUCTION

Claimant
vs.

HOWELL CONSTRUCTION of

Name of person indebted to Claimant:
Hood River, OR

CLAIM OF LIEN

Registered

Indexed Dir

Indirect

Filed

Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: **WESTWIND CONSTRUCTION**
TELEPHONE NUMBER: **(503) 386-6200**
ADDRESS: **P. O. Box 1248, Hood River, OR 97031**
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: **3 November 1992**
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: **HOWELL CONSTRUCTION, Hood River, OR**
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
All real property, bldgs., equipment, etc. of SC Solid Waste Transfer Center, Ryan Allen Road, Stevenson, WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
SKAMANIA COUNTY WASHINGTON
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: **Re this Claim, 24 November 1992. However, Westwind and Howell are still working on the referenced project.**
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: **\$15,796.02**
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

By: Margaret Siders
Claimant**WESTWIND CONSTRUCTION**

Print or Type Name

P.O. Box 1248

Address

Hood River, OR 97031**(503) 386-6200**

Telephone Number

Claim of Lien

Washington Legal Blank, Inc., Issaquah, WA Form No. 90 6/92

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

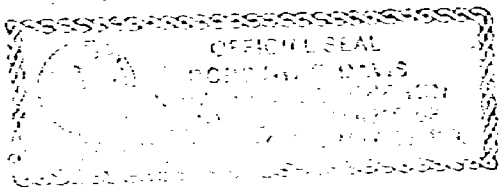
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Oregon
STATE OF WASHINGTON, COUNTY OF *Noel River*

ss. }

Margaret Siders 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.

Subscribed and sworn to before me this 18th day of February, 1993



Wm. E. Davis
Notary Public in and for the State of *Oregon*

My appointment expires: 5-5-93

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.

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