

FILED FOR RECORD
SKAMANIA CO. WASH
BY Gordon Harris

SEP 28 4 26 PM '94

P. Laury
AUDITOR
GARY M. OLSON

Gordon L. Harris Jr.

Janice I. Nastasi Harris Claimant

Michael D. Sweeney vs.

Name of person indebted to Claimant:

CLAIM OF LIEN

120666

BOOK 146 PAGE 89

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: Gordon L. Harris Jr. & Janice I. Nastasi Harris
TELEPHONE NUMBER: CID MSF. 503-386-3857
ADDRESS: POB 195 No. Bonnewille, WA 98639
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: July 94
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Michael D. Sweeney
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 910 Sunset View, No. Bonnewille, WA 98639 Lot 10 Block 9, Plat of Relocated No. Bonnewille, WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): James D. Sweeney Administration Michael D. Sweeney
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: July 94
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$5,500.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES

Claimant

Gordon L. Harris Jr.
Print or Type Name

POB 195
Address

No. Bonnewille, WA 98639

MSF 503-386-3857

Telephone Number

Registered K
Indexed, Cir K
Indirect K
Filed K
Noted K

Claim of Lien

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

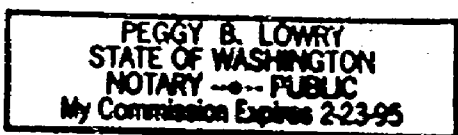
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

STATE OF WASHINGTON, COUNTY OF

Skamania ss. }

Gordon L. Harris Jr. & Janice I. Natas-Harris being sworn, says: ^{we are} ~~I am~~ the claimant(s) or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; We 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 28th day of September 1994.



Peggy B. Lowry
Notary Public in and for the State of Washington
My appointment expires: 2/23/95

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.