

FILED FOR RECORD
SKAMANIA CO. WASH
BY Scott Higgins
Const.
Nov 10 2 55 PM '94
P. Lowry
AUDITOR
GARY M. OLSON

121026

BOOK 146 PAGE 971

SCOTT HIGGINS CONSTRUCTION
Claimant

vs.

LEN LERITZ / DWIGHT STEVENS
Name of person indebted to Claimant:

CLAIM OF LIEN

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: SCOTT A. HIGGINS
TELEPHONE NUMBER: (503) 469-3148
ADDRESS: 20235 WHALESHEAD RD. BROOKINGS, OR. 97415
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: 10-1-93
3. NAME OF PERSONS INDEBTED TO THE CLAIMANT: LEN LERITZ / DWIGHT STEVENS
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): TAX LOT NO. 3-10-3-210
NORTHWESTERN LAKE SUBDIVISION, PARCEL #7
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): LEN LERITZ / DWIGHT STEVENS
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: 8-20-94
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2500.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES

Claimant

SCOTT A. HIGGINS

Print or Type Name

20235 WHALESHEAD RD.

Address

BROOKINGS, OR. 97415

(503) 469-3148

Telephone Number

3-10-3-209

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

NOTARY PUBLIC - OREGON
COMMISSION NO. 33333
EXPIRES APR 01 1995

Registered ☒
Indexed, Dir ☒
Abstract ☒
Filed ☐
Mailed ☐

OREGON
STATE OF WASHINGTON, COUNTY OF Multnomah

SS.

Scott A. Higgins, 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 29th day of October, 19 94.



Anna M. Skinner
Notary Public in and for the State of Oregon
My appointment expires: 4/6/97

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.

18030

181032

44-38861-1
FBI - PORTLAND
OCT 31 1994
FBI - PORTLAND