FILED FOR RECORD
STATE OF WASH
By Skamania County
Jun 14 10 49 AM '95
P. Lowry
AUDITOR
GARY H. OLSON

122539

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I Alan Duzan and Lorri Duzan hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 1st day of Dec., 19 94.

2. That the place of injury was Washougal, WA

3. That the location and description of the defect which caused the injury are (The county redesigned the address system, physically checked all the existing addresses, and passed Ordinance 1994-08 adopting the new address system.) We were given the new physical address: 9572 Washougal River Rd.

4. That the injury is described as follows: The above new address was also given to our neighbor. We have purchased business products with this address and will now have to purchase products again with the 9562 address

5. That the amount of damages claimed is as follows: $428.80 See Attached

6. That the actual residence of the claimant at the time of presenting and filing this claim is 9562 Washougal River Rd. Washougal, WA

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Same as above

DATED: 6-5-95, 19___.

Lorri L. Duzan
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

Current Price to Re-Order	Original Price
0 • *	0 • *
	82 • 95 +
	74 • 50 +
	39 • 95 +
	197 • 40 ◊
Letterhead- 90 • 95 +	119 • 00 +
Envelopes- 84 • 95 +	29 • 00 +
Busi. Card- 44 • 95 +	49 • 95 +
220 • 85 ◊	395 • 35 ◊
	395 • 35 *
Invoices - 59 • 95 +	
280 • 80 ◊	
Checks 119 • 00 +	
Postage- 29 • 00 +	
TOTAL 428 • 80 ◊	
428 • 80 *	

First Interstate Bank

Combined Statement
February 1 - February 28, 1995

Account no [redacted]

Business Checking

Subtractions (-)

02/15/95	INSTALLMENT LOA J HARLAND CHECI	119.00
SERVICE CHARGES (SEE DETAIL		
02/28/95	WITHDRAWALS FEI	

Detach here and enclose in Return Envelope.

STATIONERY ORDER FORM FOR LETTERHEAD, ENVELOPES AND BUSINESS CARDS ON PAGES 30-31. SEE REVERSE SIDE FOR NEBS FRESH IMPRESSIONS™ STATIONERY ON PAGES 32-33.

NEBS STATIONERY DIRECT™
ORDER TOLL FREE TODAY
1-800-752-5266
FAX 1-800-234-4324

BILL & SHIP INFORMATION [redacted] 70189

MOTHER'S MAIDEN NAME	PHONE NUMBER	FAX NUMBER	AUTHORIZED SIGNATURE	DATE
[illegible]	) 837-3938			12-1-94

BILL TO: Is mailing address correct? Make corrections here. DO NOT USE FOR PRODUCT IMPRINT INFORMATION.

COMPANY NAME: Alan Mobile Modular
ATTENTION: Alan/Lorri TITLE:
STREET (P.O. Box Holder, please include street address.): 9572 Washougal River RD. FLOOR, ROOM or SUITE NUMBER:
CITY: Washougal STATE: WA ZIP CODE: 98671

SHIP TO: Fill in only if different from billing address. For fast delivery, use street address — no P.O. Box.

❑ YES! I want Express Delivery! (Additional shipping charges will be added to your invoice.) See Ordering Information for more details on Express Delivery!

COMPANY NAME: Alan Mobile Modular
ATTENTION: Alan/Lorri TITLE:
STREET (P.O. Box Holder, please include street address.): 9572 Washougal River RD. FLOOR, ROOM or SUITE NUMBER:
CITY: Washougal, STATE: WA ZIP CODE: 98671

ORDER PRODUCTS HERE

Use this section to order products and calculate total product cost. If you need more space, please attach sheet of paper. After ordering your products, please complete Steps 1-5 below for Standard Stationery products or Steps 1-5 on reverse side for NEBS Fresh Impressions™ Stationery products.

QTY.	PRODUCT #	DESCRIPTION	ITEM TOTAL PRICE
1000	3643-CGM	Prestige Letterhead	82.95
500	3645-CGM	Prestige Envelopes Standard # 10	74.50
1000	3641-CGM	Prestige Business Cards Laid Embossed Finish	39.95

PAYMENT METHOD: ☒ BILL ME ❑ CHECK ENCLOSED ❑ VISA® ❑ MASTERCARD® ❑ AMERICAN EXPRESS®

CARD NUMBER

EXPIRATION DATE: Month / Year NAME (Please print as shown on card.)

Shipping charges and applicable sales tax will be added to your charge card SIGNATURE (Signature as shown on card.)

SUBTOTAL	197.40
NEBS BUSINESS DESIGN OR NATIONAL TRADEMARK	FREE
$6.00 charge for extra lines imprinted at bottom of letterhead—two lines maximum. (Not available on #s 3623, CD623, 5163, 5164)	NA
COMPANY LOGO (New: First-time use $25 minimum OR Reuse: $5 per product)	NA
If you are located in AZ, GA, MA, MO, TX, WI, please add appropriate sales tax. TAX	NA
Thank You for your order! TOTAL	197.40

1. LAYOUT

SKAMANIA COUNTY AUDITOR 27688
GARY M. OLSON

Date: 06/14/1995 10:49

Type: CLAIM FOR DAMAGES

Receipt#: 43112

Amount: $ .00

Input by: PL
From: SKAMANIA COUNTY
Memo: RE: NEW ADDRESS SYSTEM/ORDINANCE 1994-08

Auditor file#: 122539

Return to: SKAMANIA COUNTY

Grantor:	Grantee:	Parcel:
SKAMANIA COUNTY	DUZAN, ALAN ETUX	
27689		