

FILED FOR RECORD
SKAMANIA CO. WASH
BY Kathleen Effinger

JUL 2 11 05 AM '96

P. Olson
AUDITOR

GARY H. OLSON

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SLOA Skamania Landing Owners Assoc.
Claimant

John Ostenson
vs.

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: *Skamania Landing Owners Assoc - K. Effinger - Tres.*
TELEPHONE NUMBER: *(509) 427-4825*
ADDRESS: *32 Walnut Lane, Skamania, WA 98648*

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: *January 1, 1996*

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: *John Ostenson*

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): *601 Skamania Landing Road, Skamania, WA 98648, BIR 3, LOT 12*

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): *John Ostenson*

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:

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: *250.00* includes *50.00* interest

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: *NA*

Kathleen Effinger / Tres.
Claimant

Kathleen EFFINGER
Print or Type Name

32 Walnut Lane
Address

Skamania, WA 98648

(509) 427-4825
Telephone Number

☒ Direct
☒ Indirect
☒ Fictitious
☒ Mailed

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. }

Kathleen Essinger, 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 *2nd* day of *July* 19 *96*.

Peggy B. Lowry

Notary Public in and for the State of *Washington*

My appointment expires: *2/23/99*

PEGGY B. LOWRY
STATE OF WASHINGTON
NOTARY --- PUBLIC
MY COMMISSION EXPIRES 2-23-99

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.