

FILED IN RECORD  
SKAMIA WASH  
Bldg. Mpt. Inf Bureau  
JAN 31 12 11 PM '97  
D. Bartels  
GARY H. OLSON

Return Address  
BUILDING MATERIAL INFORMATION BUREAU, INC  
Order # 217450  
1516 FRANKLIN ST.  
VANCOUVER, WA 98660  
127232

CARSON BUILDERS SUPPLY  
-Claimant-

VS

TIMOTHY &/OR SHAWNE ASH

BOOK 162 PAGE 285

CLAIM OF LIEN

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT  
TO CHAPTER 60.04 RCW  
In support to this lien, the following information is submitted:

NAME OF LIEN CLAIMANT: CARSON BUILDERS SUPPLY  
TELEPHONE NUMBER: (509)427-8320  
ADDRESS: PO BOX 1250 CARSON WA 98610

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:

October 15, 1996

NAME OF PERSON INDEBTED TO THE CLAIMANT: TIM ASH

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
1492 METZGER RD CARSON WA  
in SKAMIA County, Washington.

Parcel #03081740-32010  
LOT 1, ESCH SHORT PLAT, IN SECTION 17D, TOWNSHIP 3 NORTH,  
RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, MORE FULLY DESCRIBED  
IN SKAMIA COUNTY AUDITOR'S VOLUME 143, PAGE 627,  
ACCORDING TO THE RECORDS OF AND BEING IN SKAMIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER:  
TIMOTHY &/OR SHAWNE ASH

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:

November 02, 1996

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 5374.70 )  
Plus lien costs in the amount of \$ 275.00

for a total of: \$ 5649.00

FIVE THOUSAND SIX HUNDRED FORTY NINE AND 70/100  
DOLLARS

PLUS interest and attorney's fees

IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

-Claimant-

By \_\_\_\_\_  
Noted \_\_\_\_\_  
Index \_\_\_\_\_  
Filed \_\_\_\_\_  
Date \_\_\_\_\_

STATE OF WASHINGTON

County of Clark

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I, SALLY MAYGRA, being sworn, say: 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.

Suscribed and sworn to before me this 31 day of January, 1997.

Notary Public in and for the State of Washington, residing at Vancouver in said County.

STATE OF WASHINGTON )

County of Clark )

ss. (INDIVIDUAL ACKNOWLEDGEMENT)  
COMMISSION EXPIRES  
MARCH 1, 2000

I certify that I know or have satisfactory evidence that SALLY MAYGRA is the person who appeared before me, and said person acknowledged that he/she signed this instrument, and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of Washington  
My appointment expires: March 1, 2000  
Dated: January 31, 1997

ELIZABETH A. STEFFY  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
MARCH 1, 2000

Registered  
23rd, Dir  
Direct  
Printed  
Mailed