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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY *Phyllis Coley*

APR 4 11 12 AM '97

*P. Olson*  
AUDITOR  
GARY M. OLSON

Return Address:

SKAMANIA LANDING OWNERS ASSOC., INC  
P.O. Box 791  
STEVENSON, WA 98648

## CLAIM OF LIEN

(Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 60.04) 1/87: (please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) *GARY NICHOLS* (2) *LYNETTE NICHOLS* Add'l. on pg. \_\_\_\_\_

Grantee(s) (Claimant): (1) *SKAMANIA LANDING OWNERS ASSOC., INC.* Add'l. on pg. \_\_\_\_\_

Legal Description (abbreviated): *BLOCK 3 LOT 5 WOODARD MARINA ESTATE* Add'l. legal is on pg. \_\_\_\_\_

Assessor's Property Tax Parcel /Account #: *0206 3414 380000*

SKAMANIA LANDING OWNERS ASSOC., INC.  
ClaimantGARY & LYNETTE NICHOLS  
vs.  
Name of person indebted to Claimant:

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW.  
In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: *SKAMANIA LANDING OWNERS ASSOC., INC.*  
TELEPHONE NUMBER: *427-4552* ADDRESS: *P.O. Box 791*  
*STEVENSON, 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: *MAY 5, 1996*
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: *GARY & LYNETTE NICHOLS*
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): *BLOCK 3 LOT 5 WOODARD MARINA ESTATES SKAMANIA COUNTY WA.*
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): *GARY & LYNETTE NICHOLS*  
TELEPHONE NUMBER: \_\_\_\_\_  
ADDRESS: *14647 S. 25th ST PHOENIX, AR 75048*
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: *MAR. 5, 1997*



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

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,000<sup>00</sup>
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE CLAIMANT IS ASSIGNEE

SKAMANIA LANDING OWNERS ASSOC, INC.

Claimant

Print or Type Name

P.O. Box

Address

STEVENSON, WA 98648

Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.

Phyllis C. Caloy, 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.

Date this

4th

day of

April

1997

Print Name

Peggy B. Lowry

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.