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FILED FOR RECORD
SKAMANIA CO. WASH
BY Phyllis Caley

APR 4 11 16 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 38.18 and RCW 85.04) 1/97:		(please print last name first)
Reference # (if applicable):		
Grantor(s) (Owner): (1) <u>LARRY OSTLER</u>	(2) <u>KIM OSTLER</u>	Add'l. on pg
Grantee(s) (Claimant): (1) <u>SKAMANIA LANDING OWNERS ASSOC., INC.</u>		Add'l. on pg
Legal Description (abbreviated): <u>BLOCK 2 LOT 3 WOODARD MARINA ESTATES</u>		Add'l. legal is on pg
Assessor's Property Tax Parcel / Account # <u>0206 3414 068000</u>		

SKAMANIA LANDING OWNERS ASSOC., INC.
Claimant
vs.
LARRY & KIM OSTLER
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: LARRY & KIM OSTLER
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 2 LOT 3 WOODARD MARINA ESTATES, SKAMANIA COUNTY, WA
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): LARRY & KIM OSTLER
TELEPHONE NUMBER:
ADDRESS: 701 SKAMANIA LANDING RD. STEVENSON, WA 98648
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.

Signed _____
Indexed, Dir _____
Indirect _____
Filed _____
Mailed _____

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: CLAIMANT IS ASSIGNEE \$1000.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

SKAMANIA LANDING OWNERS ASSOC., INC.
Claimant
Phyllis C. Caley - Treas.
Print or Type Name
P.O. Box
Address
STEVENSON, WA 98648
427-4552
Telephone Number

STATE OF WASHINGTON

County of Skamania } ss.
Phyllis C. Caley

, 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

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

Phyllis C. Caley
Print Name
Peggy B. Lowry
Notary Public in and for the State of Washington
My appointment 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.