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FILED FOR RECORD
SKAMANIA CO. WASH
BY Phyllis Coley

APR 4 11 19 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 50.10 and RCW 60.04) 1/97:

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) MATTHEW SLAK (2) KAREN SLAK

Add'l. on pg

Grantee(s) (Claimants): (1) SKAMANIA LANDING OWNERS ASSOC., INC.

Add'l. on pg

Legal Description (abbreviated): BLOCK 1 LOT 10 WOODWARD MARINA ESTATE Add'l. legal is on pgAssessor's Property Tax Parcel / Account # 02063523100000SKAMANIA LANDING OWNERS ASSOC., INC.
ClaimantVS.
MATTHEW & KAREN SLAK
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: 427-4502 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, 1997
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MATTHEW & KAREN SLAK
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 1 LOT 10 WOODWARD
MARINA ESTATES, SKAMANIA CO. WA
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): MATTHEW & KAREN
SLAK
TELEPHONE NUMBER:
ADDRESS: 14647 S 25th AVE PHOENIX, AR 85048
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: MAY 5, 1997



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,000⁰⁰
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: CLAIMANT IS ASSIGNEE

SKAMANIA LANDING OWNERS ASSOC. INC.
Claimant
Phyllis C. Calley - Pears.
Print or Type Name
P.O. BOX
Address
STEVENSON, WA 98648
509-427-4552
Telephone Number

STATE OF WASHINGTON

County of _____ } SS.

_____, 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

Phyllis C. Calley

Peggy B. Lowry

Print Name

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.