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BOOK 164 PAGE 100

FILED FOR RECORD
SKAMANIA CO. WASH
BY Bldg Material
Info Bureau
APR 4 3 32 PM '97
P. Laury
AUDITOR
GARY M. OLSON

Return Address
BUILDING MATERIAL INFORMATION BUREAU, INC
Order # 219726
1516 FRANKLIN ST.
VANCOUVER, WA 98660

ALL WEATHER ROOFING)
-Claimant-)
VS)

SKY RIVER RANCH ESTATES LTD PTNRSH)
CHRIS &/OR MRS BACH)

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: ALL WEATHER ROOFING
TELEPHONE NUMBER: 360-260-4952
ADDRESS: 11005 NE 76 ST #46 VANCOUVER WA 98662

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:

November 18, 1996

NAME OF PERSON INDEBTED TO THE CLAIMANT: CHRIS BACH

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
1652 LABARRE RD WASHOUGAL WA
in SKAMANIA County, Washington.

PARCEL 020500(28)-7900, TAXLOT 7900, LYING WITHIN SECTION
28, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE
MERIDIAN MORE FULLY DESCRIBED IN SKAMANIA COUNTY AUDITOR'S
VOLUME 136 PAGE 880

ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER:
SKY RIVER RANCH ESTATES LTD PTNRSH ; CHRIS &/OR MRS BACH

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:

January 25, 1997

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 2948.96)
Plus lien costs in the amount of \$ 250.00

for a total of: \$ 3198.96

THREE THOUSAND ONE HUNDRED NINETY EIGHT AND 96/100*****
DOLLARS

PLUS interest and attorney's fees

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

-Claimant-

SEARCHED
INDEXED
SERIALIZED
FILED
APR 4 1997
FBI - VANCOUVER

STATE OF WASHINGTON

County of Clark

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 4 day of April, 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)

ELIZABETH A. STEFFY

NOTARY PUBLIC

STATE OF WASHINGTON

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: April 04, 1997

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

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