

128700

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FILED FOR RECORD
SKAMIA CO. WASH
BY *Dolly Newman*

JUL 18 11 58 AM '97

P. Lowry
AUDITOR
GARY M. OLSON

Return Address:

Dolly M. Newman
P.O. Box 148
CARSW, WASH. 98610

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97.		(please print last name first)
Reference # (if applicable):		
Grantor(s) (Owner): (1)	(2)	Add'l. on pg
Grantee(s) (Claimant): (1)	(2)	Add'l. on pg
Legal Description (abbreviated):	Add'l. legal is on pg	
Assessor's Property Tax Parcel / Account # <i>03 07 36 1 4 1600 00</i>		

Dolly M. Newman } Claimant
 vs. }
Michael Sweeney }
 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: *Dolly M. Newman*
 TELEPHONE NUMBER: ADDRESS: *P.O. Box 148*
CARSW, WASH. 98610
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: *FEBRUARY 23RD 1997*
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: *Michael Sweeney*
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
322 Frank Johns Rd
Steverson WA 98648
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): *Michael Sweeney*
 ADDRESS: *322 Frank Johns Stevenson*
 TELEPHONE NUMBER: *509-427-4747*
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: *5/7/97*



Chloe 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 NINE THOUSAND FOUR HUNDRED ELEVEN $\frac{27}{100}$
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

Claimant
Print or Type Name DOLLY M. NEWMAN
Address P.O. Box 148
CARSON, WASH. 98610
Telephone Number 509-427-7197

STATE OF WASHINGTON

County of Skamania } SS.

Dolly M. Newman

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

18th

day of

July

1997

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.