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FILED FOR RECORD
SKAMAH, CO. WASH.
BY Patricia D. Johnson

JUL 31 2 16 PM '97

Johnson
AUDITOR
GARY M. OLSON

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Return Address:

PATRICIA D JOHNSON

1972 Labadie Rd

WASHOUGAL WA 98671

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 60.04) 1/97. (please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) NADING Forest (2) Add'l. on pg.

Grantee(s) (Claimant): (1) JOHNSON Patricia D (2) Add'l. on pg.

Legal Description (abbreviated): 5th Wheel Trailer Storage Add'l. legal is on pg.

Assessor's Property Tax Parcel / Account #: 02-05-29-1-0-0203-00

JOHNSON Patricia D

Claimant

NADING Forest

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: PATRICIA D JOHNSON
TELEPHONE NUMBER: 360-837-3534 ADDRESS: 1972 Labadie Rd
WASHOUGAL WA 98671
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: 7-97
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Forest NADING
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): yellow/orange/white 5th wheel travel trailer stored at 1972 Labadie Rd WASHOUGAL WA 98671
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Forest NADING
ADDRESS: UNKNOWN TELEPHONE NUMBER:
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: 2-97



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

Registered ☒
Indexed, Filed ☒
Correct ☒
Date _____
By _____

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS \$2100

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

Claimant Patricia Johnson
Print or Type Name JOHNSON PATRICIA D
Address 1932 Lybarger RD
WASHINGTON WA 9807
Telephone Number 360-837-3537

STATE OF WASHINGTON

County of CLARK } SS. Patricia D Johnson

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 31st day of July 1997



Print Name Michelle J Gurnsey
Notary Public in and for the State of Washington
My appointment expires: May 31 2000

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.