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BOOK 173 PAGE 438

FILED FOR RECORD  
SKAMIA COUNTY WASH  
BY James Johnston

FEB 18 10 55 AM '98

*G. Lowry*  
AUDITOR

GARY H. OLSON

Return Address:

James W. Johnston  
441 Gropper Rd.  
Stevenson Wa 98648

### CLAIM OF LIEN

Including information required by the Washington State Auditor/Recorder's Office, (RCW 39.18 and RCW 60.04) 1/97: (Please print last name first)

Reference # (if applicable): \_\_\_\_\_

Grantor(s) (Owner): (1) Ward L. Miller (2) Wanda D. Miller Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimant): (1) James W. Johnston (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): LOT 1 AHLSTEDT SP BK 2 PG 105 Add'l. legal is on pg \_\_\_\_\_

Assessor's Property Tax Parcel / Account # 03-75-36-4-0-1000-00

James W. Johnston

Claimant

Ward L & Wanda D. Miller

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: James W. Johnston  
TELEPHONE NUMBER: 427-8889 ADDRESS: 441 Gropper Rd 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: 3/12/97
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Ward L & Wanda D. Miller
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (insert address, legal description or other information that will reasonably describe the property): LOT 1 AHLSTEDT SP BK 2 PG 105  
P.O. Box 142 Stevenson, Wa 98648
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Ward L & Wanda D. Miller  
ADDRESS: P.O. Box 142 Stevenson, Wa 98648  
TELEPHONE NUMBER: 427-4924
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: 2/18/98

Claim of Lien

City of Washington Legal Blank, Inc., Issaquah, WA Form No. 90, 10/96

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: \$13,013.07

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

Claimant James W. Johnston  
 Print or Type Name James W Johnston  
Hill Grapper Rd.  
 Address Stevenson, WA 98648  
427-8859  
 Telephone Number

STATE OF WASHINGTON }  
 County of Skamania } ss.  
James W Johnston

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 February, 1993  
James W. Johnston  
 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.

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