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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY NW Lien Service

MAR 2 1 39 PM '98
O Lavry
AUDITOR
GARY M. OLSON

Return Address:
N.W. LIEN SERVICE, INC.
101 E. 8th ST.
STE. 330E
VANCOUVER, WA 98660

DIG3530SK

# 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) STROISCH, SHAUNA L. (2) _____ Add'l. on pg___
Grantee(s) (Claimants): (1) DESCO INDUSTRIAL * (2) * GROUP, INC. Add'l. on pg___
Legal Description (abbreviated): LOT 10, SOOTER TRACTS Add'l. legal is on page___
Assessor's Property Tax Parcel /Account # 03 10 22 1 4 0901 00

DESCO INDUSTRIAL GROUP, INC.
Claimant
vs.
SHAUNA L. STROISCH
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: DESCO INDUSTRIAL GROUP, INC.
TELEPHONE NUMBER: (503)245-2273 ADDRESS: 10157 SW BARBUR BLVD #100C, PORTLAND, OR 97219

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: 1/12/97

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SHAUNA L. STROISCH

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): LOT 10, SOOTER TRACTS 261 CIRCLE DR., UNDERWOOD, WA 98651 03 10 22 1 4 0901 00

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): SHAUNA L. STROISCH
TELEPHONE NUMBER: UNK ADDRESS: PO BOX 594, HOOD RIVER, OR 97031

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: 2/25/98

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $5,226.78

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

Robert Briede
Claimant

ROBERT BRIEDE
Print or Type Name

10157 SW BARBUR BLVD #100C
Address

PORTLAND, OR 97219

(503) 245-2273
Telephone Number

STATE OF ~~WASHINGTON~~ OREGON
~~XXXXXXX~~

County of MULTNOMAH } ss.

ROBERT BRIEDE, 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.

Robert Briede

Date this 27TH day of FEBRUARY, 1998.

OFFICIAL SEAL
CHARLES K. EVANS
NOTARY PUBLIC-OREGON
COMMISSION NO. 059510
MY COMMISSION EXPIRES NOV. 19, 2000

Print Name CHARLES K. EVANS

Notary Public in and for the State of OREGON

My appointment expires: 19NOV00

**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.**