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BOOK 173 PAGE 880

FILED FOR RECORD
SKANAPOL WASH
BY NW Lien Service

MAR 21 39 PM '98

GARY M. OLSON
AUDITOR

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/Recorder's Office, (RCW 39.18 and RCW 60.04) 1/97: (Please print last name first)

Reference # (if applicable):

Grantor(s) (Owner): (1) STROISCH, SHAUNA L. (2) Add'l. on pg.

Grantee(s) (Claimant): (1) DESCO INDUSTRIAL, INC. (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: (509) 245-2277 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



Claims of Lien
OW Washington Legal Blank, Inc., Issued in WA, Form No. 60-1004

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

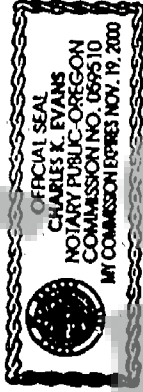
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$5,226.78
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM, SO STATE HERE: N/A
- Claimant Robert Briede
- Print or Type Name ROBERT BRIEDE
- Address 10157 SW BARBUR BLVD #1000
- PORTLAND, OR 97219
- (503) 245-2273
- Telephone Number

OREGON
STATE OF ~~WASHINGTON~~

County of MULTNOMAH ss.

ROBERT BRIEDE
claimant, or administrator, representative, or agent of the
being sworn, says: I am the claimant (or attorney of the
claimant, or administrator, representative, or agent of the
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 27TH day of FEBRUARY 1998



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 ADDI-
TION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.