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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Phyllis Caley
MAR 9 3 51 PM '98
O'Leary
AUDITOR
GARY H. OLSON

Return Address:
Skamania Landing Owners Assc, Inc
PO Box 791
Stevenson, WA. 98648
Amended

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): 125635 158/132.
Grantor(s) (Owner): (1) John Astenson (2) Add'l. on pg
Grantee(s) (Claimants): (1) Skamania Landing Owners Assc. Inc Add'l. on pg
Legal Description (abbreviated): Block 3 Lot 12 Woodard Marina Est. Add'l. on pg
Assessor's Property Tax Parcel /Account # 02-06-34-1-4-3200-00

Skamania Landing Owners Assc
Claimant
vs.
John E. Astensen
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: Skamania Landing Owners Assc, Inc
TELEPHONE NUMBER: 427-4081 ADDRESS: P.O. Box 791
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: June 16, 1997

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John E Astenson

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property) Block 3 Lot 12 Woodard Marina Estates, Skamania County, Washington

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John Astenson
TELEPHONE NUMBER:
ADDRESS: PO Box 328, Stevenson, WA. 98648

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: June 16, 1997

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: Amended to $700.00

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

Skamania Landing Owners Assc, Inc
Claimant
Phyllis C Caley, TREAS.
Print or Type Name
P.O. Box 791
Address
Stevenson, WA 98648
427-4081
Telephone Number

STATE OF WASHINGTON
County of Skamania } ss.

_____, 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.

Phyllis C Caley

Date this 9th day of March 1998

Peggy B. Lowry

Print Name Peggy B. Lowery

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.