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FILED FOR RECORD SKAMANIA CO. YASH BY Tonni Lohr

Aug 3 1 52 PH 198

AUDITOR

GARY H. OLSON

Return Address:

Tonni M. Lohr, President of Riverside Estates
131 Jennifer Way
Washougal, WA 98671

CLAIM OF LIEN

Riverside Estates Association

Claimant

Howard & Loretta Kuhnle

Name of person indebted to Claimant

adered LAT

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: Riverside Estates Association TELEPHONE NUMBER: (360)837-1703 ADDRESS: 131 Jennifer Way Washougal, WA 98671
- 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: July 30, 1998
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Howard and Loretta Kuhnle
- 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 3,

 Riverside Estates, according to the official plat thereof on file and ofcrecord at page 44 & 45 of Book B of plats, records of Skamania County, Washington.

 NAME OF THE OWNER OR REPUTED OWNER (If not known state unknown) Mr. & Mrs. Kuhnle TELEPHONE NUMBER: (360) 837-3231 ADDRESS: P.O. Box 431

 Washougal, WA 98671
- 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: <u>July 30</u>, 1998

Claim of Lien

CWashington 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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8. IF THE CLAIMANT IS THE ASSIGNEE O	F THIS CLAIM SO STATE HERE
	Riverside Estates Association Claimant Tonni M. Lohr, President Print or Type Name 131 Jennifer Way Address Washougal, WA 98671
· · · · · · · · · · · · · · · · · · ·	(360) 837-1703 Telephone Number
STATE OF WASHINGTON County ofSkamania	ss.
Riverside Estates Associa the claimant, of administrator, representati named; I have read or heard the foregoing of true and correct and that the claim of lien i excessive under penalty of perjury.	tion, being sworn, says: I am the claimant (or attorney of tive, or agent of the trustees of an employee benefit plan) above claim, read and know the contents thereof, and believe the same to be is not frivolous and is made with reasonable cause and is not clearly
Date this 3(d) day of	8PM tespuk
	Print Name
) (My appointment expires:
HAS CEASED TO FURNISH LABOR, P OR THE LAST DATE ON WHICH EMPI	FILED FOR RECORDING IN THE COUNTY WHERE THE TER THAN NINETY (90) DAYS AFTER THE CLAIMANT ROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT LOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITIS THAT MAY BE PROVIDED BY LAW.