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BOOK 179 PAGE 992

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BY Tonni Lohr

AUG 3 1 54 PM '98

*G. Olsson*  
AUDITOR  
GARY H. OLSON

Return Address:

Tonni M. Lohr, President of Riverside Estates

131 Jennifer Way

Washougal, WA 98671

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 63.04) 1/97: (please print last name first)

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

Grantor(s) (Owner): (1) Howard J. Kuhnle II (2) Loretta Kuhnle Addl. on pg. \_\_\_\_\_

Grantee(s) (Claimants): (1) Riverside Estates Association Addl. on pg. \_\_\_\_\_

Legal Description (abbreviated): Lot 4, Riverside Estates Addl. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # 2-5-29-3-800

Riverside Estates Association

Claimant

Howard & Loretta Kuhnle

Name of person indebted to Claimant

vs.

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
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: 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 4, Riverside Estates, according to the recorded plat thereof, recorded in Book "B" of Plats, Page 44, in the County of Skamania, State of Washington.
5. 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
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: July 30, 1998



Claim of Lien  
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 210.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF 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 of Skamania

SS.

Riverside Estates Association, 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.

Tonni M. Lohr (President)

Date this 3rd, day of August, 1998

Print Name \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

My appointment expires: \_\_\_\_\_

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.