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BOOK 183 PAGE 840

FILED
SKAMIA
BY Tonni M. Lohr

DEC 2 2 59 PM '98

Gary
AUDITOR
GARY R. OLSON

Return Address:

Tonni M. Lohr, President of Riverside Estates131 Jennifer WayWashougal, WA 98671

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) Robert T., Ellen & Robert K., Michelle Baird Addl. on pg. _____

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

Legal Description (abbreviated): Lot 5, Riverside Estates Addl. legal is on page _____

Assessor's Property Tax Parcel /Account # 02-05-29-30-0900-00

Riverside Estates Association

Claimant

Robert T. & Ellen Baird

vs.

Robert K. & Michelle Baird

Name of person indebted to Claimant

Dep. 100-100
Indexed, L4
Indexed
Filed
Noted

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: December 1, 1998
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Robert T., Ellen, Robert K. Michelle Baird
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 5, Riverside Estates, according to the official plat thereof on file and record at page 44 & 45 in book "B" of plats, records of Skamania County, Washington.
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Mr. & Mrs. Baird(s)
TELEPHONE NUMBER: (360) 837-1002 ADDRESS: 562 River Road
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: December 1, 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: \$710.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Riverside Estates Association

Claimant

Jonni M. Lohr, President

Print or Type Name

131 Jennifer Way

Address

Washougal, WA 98671(360) 837-1703

Telephone Number

STATE OF WASHINGTON

County of SkamaniaRiverside Estates Association

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.

being sworn, says: I am the claimant (or attorney of

Date this 2nd

day of

December 1998

PEGGY B. LOWRY
STATE OF WASHINGTON
NOTARY -- PUBLIC

MY COMMISSION EXPIRES 8-23-99

Print Name

Peggy B Lowry

Notary Public in and for the State of

Washington

My appointment 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.