

133894

BOOK 185 PAGE 293

FILE  
STATE  
NW Lien Service

JAN 4 11 35 AM '93

O'Leary  
GARY NELSONReturn Address: **N.W. LIEN SERVICE, INC.**  
101 E. 8th ST.  
STE. 330E  
VANCOUVER, WA 98660

ATI5470SK

**CLAIM OF LIEN**

Indexing Information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 60.04) 1/97:		(please print last name first)
Reference # (If applicable):		
Grantor(s) (Owner): (1) <u>BLOUIN, STEVE &amp; SANDY</u> (2) <u>BRONSKI, JANUSZ</u>		Addl. on pg.
Grantee(s) (Claimants): (1) <u>ALPINE TRANS., INC.</u> (2)		Addl. on pg.
Legal Description (abbreviated): <u>LOT 4, RUDHE TRACTS</u>		Addl. legal is on page
Assessor's Property Tax Parcel /Account # <u>03-08-27C-0405-00</u>		

ALPINE TRANSPORTING, INC.

Claimant

vs.

BRONSKI, JANUSZ & SMOLAK, HELINA

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: ALPINE TRANSPORTING, INC.  
TELEPHONE NUMBER: (503) 667-2710 ADDRESS: 1625 SE HOGAN RD., STE. E., GRESHAM, OR 97080
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: 9/3/98
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: BRONSKI, JANUSZ & SMOLAK, HEL/INA
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): #03-08-27C-0405-00 LOT 4, RUDHE TRACTS 91 HOUSE ST., HOME VALLEY, WA 98648
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): BLOUIN/BRONSKI  
TELEPHONE NUMBER: UNKNOWN ADDRESS: PO BOX 840, CARSON, WA 98610/PO BOX 1295, 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: 11/2/98



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: \$5,067.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

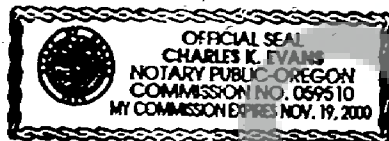
*John J. Oxley*  
 Claimant  
 JOHN J. OXLEY  
 Print or Type Name  
 1625 SE HOGAN RD., STE E  
 Address  
 GRESHAM, OR 97080  
 (503)667-2710  
 Telephone Number

OREGON  
 STATE OF ~~WASHINGTON~~

County of MULTNOMAH } ss.  
 JOHN J. OXLEY

, 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.

Date this 30TH day of DECEMBER, 1998



*Charles K. Evans*  
 Print Name CHARLES K. EVANS  
 Notary Public in and for the State of OREGON  
 My appointment expires: 11/19/00

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.