## BOOK 197 PAGE 69.

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GARY H. OLSON

Return Address BUILDING MATERIAL INFORMATION BUREAU, INC 11815 NE Highway 99, Suite A VANCOUVER, WA 98686

**KEN W PETERSON** 

-Claimant-

JOSEPH &/OR SANDRA GAMBLE

**CLAIM OF LIEN** 

301467

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT TO **CHAPTER 60.04 RCW** 

In support to this lien, the following information is submitted:

NAME OF LIEN CLAIMANT: KEN W PETERSON

TELEPHONE NUMBER: ADDRESS:

(509)427-5953

PO BOX 159, STEVENSON WA 98648

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:** 

October 13, 1999

NAME OF PERSON INDEBTED TO THE CLAIMANT: PACIFIC NORTHWEST SERVICE DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

CHEVRON STATION-51 W CASCADE DR N BONNEVILLE WA

in SKAMANIA County, Washington.

PARCEL 02072013-0800,LOT C38,REPLAT OF N BONNEVILLE,

ACCORDING TO THE PLAT THEREOF, AS RECORDED IN VOLUME 118 OF PLATS PAGE 115,

ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER

JOSEPH &/OR SANDRA GAMBLE

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:

February 08, 2000

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS Plus lien costs in the amount of

(\$ 17170.89 250.00

for a total of: \$ 17420.89

SEVENTEEN THOUSAND FOUR HUNDRED TWENTY & 89/100----

PLUS interest and attorney's fees

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

-Claimant-

STATE OF WASHINGTON

County of Clark

I, WANDA FULLBRIGHT, being sworn, say: 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 conject and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Suscribed and sworn to before me this 29 day of February, 2000.

Notary Public in and for the State of

BOOK 197 PAGE 70

STATE OF WASHINGTON County of Clark

ss. (CORPORATE ACKNOWLEDGEMENT)

1 certify that I know or have satisfactory evidence that WANDA FULLBRIGHT is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the LIMITED AGENT of KEN W PETERSON to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of Washington My appointment expires: March 1, 2006

Dated: February 29, 2000

