

137697

BOOK 197 PAGE 660

RETURN ADDRESS

BUILDING BUREAU, INC.
11815 A.N.E. HWY 99
VANCOUVER, WA 98686

Bldg Material
Info Bureau
Mar 29 1 40 PM '00
P. Lamy
CAROL A. NELSON

Amend to add lenders

Please Print neatly or Type information
DOCUMENT TITLE(S)

Claim of Lien

REFERENCE NUMBER(S) OF RELATED DOCUMENT(S)

137521 BK 197 Pg 69

Additional Reference #'s on page _____

GRANTOR(S)

** Joseph & Sandra Gamble*

Additional Grantors on page # _____

GRANTEE(S)

Ken W Peterson

Additional Grantees on page # _____

LEGAL DESCRIPTION (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

LT 238 Vol 118 plat 115

Additional Legal is on page # *1*

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02072013-0800

Additional Parcel #'s on page _____

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

137521

BOOK 197 PAGE 69
BOOK 197 PAGE 661

FILE
ST
Bldg Material
Info Bureau
Mar 12 04 PM '00
O'Lawry

GARY L. LSON

Return Address

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

KEN W PETERSON

-Claimant-

vs

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: (509)427-5953

ADDRESS: 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 (\$ 17170.89)
Plus lien costs in the amount of \$ 250.00

for a total of: \$ 17420.89

SEVENTEEN THOUSAND FOUR HUNDRED TWENTY & 89/100 DOLLARS

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 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.

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

Notary Public in and for the State of Washington, residing at Vancouver in said County.

BOOK 191 PAGE 70
BOOK 191 PAGE 662

STATE OF WASHINGTON
County of Clark

} ss. (CORPORATE ACKNOWLEDGEMENT)

I 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.

Elizabeth A. Steffy
Notary Public in and for the State of Washington
My appointment expires: March 1, 2004

Dated: February 29, 2000

