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BOOK 198 PAGE 933

FILED
SKA
BY James & Kathleen Combelle

May 1 4 14 PM '00

GARY E. OLSON

Return Address:

James & Kathleen Combelle
912 Scott Rd
Skamania WA 98648**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) Daniel Morse dba West Parkway Investments, Inc Add'l. on pg _____

Grantee(s) (Claimant(s)): (1) James Combelle Add'l. on pg _____

(2) Kathleen Combelle Add'l. on pg _____

Legal Description (abbreviated): Ld 3, CE, Lumber Co Subdivision Beck 11 p. 27 Add'l. legal is on page _____

Assessor's Property Tax Parcel/Account #: 03 09 14 2 0 1700 00

James & Kathleen Combelle
Claimant
vs.
Daniel Morse aka Dusty Moss
Name of person indebted to Claimant

Registered _____

Recorded _____

Filed _____

Indexed _____

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:

- NAME OF LIEN CLAIMANT: James & Kathleen Combelle
TELEPHONE NUMBER: 509-937-8110 ADDRESS: 912 Scott Rd, Skamania 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: N/A
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel Morse aka Dusty Moss
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): _____
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Daniel Morse
TELEPHONE NUMBER: 509-538-2416 ADDRESS: 231 Jussup Rd, Leek WA 98605
- 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: OR MONIES OWED WERE DUE 5 Jan. 1998



Claim of Lien
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$150,000.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

James Combelle, Kathleen Combelle
 Claimant
James Combelle Kathleen Combelle
 Print or Type Name
912 5th St
 Address
Skamania, WA 98648
509-427-8110
 Telephone Number

STATE OF WASHINGTON

County of Skamania } ss.

James and Kathleen Combelle, 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.

Signed and sworn to before me on this 1st day of May, 2000.



Peggy B Lowry
 Print Name Peggy B Lowry
 Notary Public in and for the State of Washington
 My appointment expires: 2/23/03

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.

