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BOOK 198 PAGE 935

FILE
SK
Kathleen Combelic

May 1 4 17 PM '00

P. Laury
GARY D. OLSON

Return Address:

Kathleen Combelic
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 63.04) 1/97: (Please print last name first)

Reference # (If applicable): _____

Grantor(s) (Owner): (1) Dusty Moss aka Daniel Morse (2) _____ Add'l. on pg. _____

Grantee(s) (Claimant(s)): (1) Kathleen Combelic (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): Lot 3, Oregon Lumber Co Subdivision Book A Add'l. legal is on page _____

Assessor's Property Tax Parcel/Account # 3-9-14-2-00-1700

Kathleen Combelic Claimant
vs.
Dusty Moss aka Daniel Morse
Name of person indebted to Claimant

Pay to order of _____
Registered to _____
Noted _____
Filed _____

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: Kathleen Combelic
TELEPHONE NUMBER: 509-427-5110 ADDRESS: 912 Scott Rd Skamania WA 98648
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: N/A
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Dusty Moss aka Daniel Morse
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 231 Jessup Rd Coe WA 98605
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Dusty Moss aka Daniel Morse
TELEPHONE NUMBER: 509-538-2416 ADDRESS: 231 Jessup Rd Coe WA 98605
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: OR Loan monies owed and due Jan. 1998



Claim of Lien
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BOOK 199 PAGE 936

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$25,000.00 (Twenty five thousand)
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Claimant Kathleen Combelle
Print or Type Name Kathleen Combelle
Address 912 Sutt Rd
Skamania WA 98648
Telephone Number 509-427-8110

STATE OF WASHINGTON

County of Skamania } ss.

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.