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BOOK 201 PAGE 212

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BY Robert Landgren
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GARY [illegible]SON

Return Address:
Vanguard Nursery
P.O. Box 2201
White Salmon, Wa. 98672

CLAIM OF LIEN

Following information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) [illegible] (please print last name first)

Reference # (if applicable): ____
Grantor(s) (Owner): (1) ____ (2) ____ Add'l. on pg. ____
Grantee(s) (Claimants): (1) ____ (2) ____ Add'l. on pg. ____
Legal Description (abbreviated): ____ Add'l. legal is on pg. ____
Assessor's Property Tax Parcel / Account # 03082120020000

Vanguard Nursery
Claimant
vs.
Kevin + Fawn Bligh
Name of person indebted to Claimant

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

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: Robert L Landgren DBA*
   TELEPHONE NUMBER: 509-493-3399 ADDRESS: PO Box 2201 White Salmon Wash. 98672
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: 5-15-00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Kevin + Fawn Bligh
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 912 Metzger Rd. Carson Wash 98610
   Lot 4 of Bennett Short plat Book 1 Page 84
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Kevin + Fawn Bligh
   ADDRESS: P.O. Box 714 Carson, Wash 98610 TELEPHONE NUMBER: 509-427-4458
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: 5-25-00

* Vanguard Nursery

07/27/200

BOOK 201 PAGE 213

7. PRINCIPAL AMOUNT FOR WHICH THIS LIEN IS CLAIMED IS: 3886.98

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

Robert L Landgren
Claimant

Robert L Landgren
Print or Type Name

P.O. Box 2201
Address

White Salmon, Wash 98672

509-493-1549
Telephone Number

STATE OF WASHINGTON

County of Skamania } ss.

Robert L. Landgren, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

Robert L Landgren

Date this 28th day of July, 2000

Peggy B Lowry

Print Name Peggy B. Lowry

Notary Public in and for the State of Washington

My appointment expires: 2/23/03

PEGGY B. LOWRY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION 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.