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BOOK 201 PAGE 212

FILE
SKIPPED
Robert Landgren
Jul 20 11 22 AM '00
GARY J. JOHNSON

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

CLAIM OF LIEN

Submitting information required by the Washington State Auditor's/Comptroller's Office, (RCW 60.04 and RCW 60.06) With		Where paid last year (date)
Reference # (if applicable):		
Claimant(s) (Owner): (1)	(2)	Advt. on pg.
Debtor(s) (Claimant): (1)	(2)	Advt. on pg.
Legal Description (abbreviated):		Advt. legal to on pg.
Assessor's Property Tax Parcel / Account #	0308 2120020000	

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

Exp. or rec.
Advt. on pg.
Advt. legal to on pg.
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Advt. on pg.
Advt. legal to on pg.

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: 509-493-7577 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 (specify address, legal description or other information that will reasonably describe the property): 912 mtz 2nd fl. Rd. Carson Wash 98610
Lot 4 of Bennett Subst plat Book 9, page 84
5. NAME OF THE OWNER OR IMPLIED OWNER (if not known state "unknown"): Kevin + Fawn Bligh
ADDRESS: P.O. Box 714 Carson, Wash 98610 TELEPHONE NUMBER: 509-927-4438
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

Claim of Lien
Washington Legal Mail, Inc. Request, 9th Floor, 200 2nd Ave
MATERIAL MAY NOT BE REPRODUCED BY THIRD PARTY WITHOUT PERMISSION

* Vanguard Nursery

07/27/2003

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 3886.98
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

Claimant Robert L Landgren
Print or Type Name Robert L Landgren
Address P.O. Box 2201
White Salmon Wash 98672
Telephone Number 509-493-1549

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.

Date this 26th day of July 2000



Robert L Landgren
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.

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