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FILED FOR RECORD
SKAMANIA CO. WASH.
BY *Marsha Mansfield*JUL 30⁺ 3 10 PM '01*G. Lawry*
AUDITOR
GARY M. OLSON

Return Address:

JON MANSFIELD

P. O. Box 309

North Bonneville, Wash. 98639

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 60.18 and RCW 60.34) 1/97:

(please print last name first)

Reference # (if applicable):

Grantor(s) (Owner): (1) John Davidson (2) Susan Lewis

Add'l on pg.

Grantee(s) (Claimant): (1) Jon Mansfield (2)

Add'l on pg.

Legal Description (abbreviated): Lot 8 Blk 7 Relocated N. Bonneville

Add'l legal is on page

Assessor's Property Tax Parcel / Account # 02-07-20-4-3-0800-00Jon Mansfield

Claimant

vs.

John Davidson & Susan Lewis

Name of person indebted to Claimant

Pay to me

I signed the

receipt

Firmed

Dated

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: Jon Mansfield
TELEPHONE NUMBER: 09-427-8191 ADDRESS: P.O. Box 309
North Bonneville, Wash. 98639
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: May 4, 2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John Davidson & Susan Lewis
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): grass 2 1/2 feet high. Received call from Grants Pass to mow lot before city fines for high grass. Double Mowing for first mowing of the year
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): John Davidson & Susan Lewis
TELEPHONE NUMBER: 1-541-474-6348 ADDRESS: 2765 Faviil Lane - Grants Pass, Oregon 97526
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: May 4, 2001



Claims of Lien
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$80.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Claimant

Print or Type Name

Address

Telephone Number

STATE OF WASHINGTON

County of Skamania

SS.

Jon Mansfield 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.

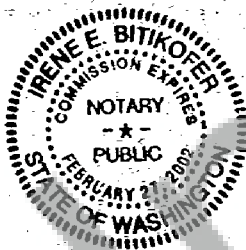
Signed and sworn to before me on this

26th

day of

July

2001



Print Name

Notary Public in and for the State of

My appointment expires:

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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