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BOOK 219 PAGE 365

FILED
SMY
Phyllis Caley
JAN 17 10 52 AM '02
P. Lasry

Return Address:

Skamania Landing Owners Assoc., Inc.
PO Box 791
Stevenson, WA 98648

J. Michael Carvison

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's Recorder's Office. (RCW 36.18 and RCW 65.04) 1. 90: (Please print last name first)

Reference # (if applicable): 136930 195/337

Grantor(s) (Owner): (1) Dorsey, Arthur W (2) Dorsey, Christine Addl. on pg. _____

Grantee(s) (Claimant): (1) Skamania Landing Owners Assoc. Inc Addl. on pg. _____

Legal Description (abbreviated): Lot 3 Block 2 Woodard Marina Estates Addl. legal desc. page _____

Assessor's Property Tax Parcel /Account # 020634140680 00

Skamania Landing Owners Assoc.

Claimant

VS.

Arthur W & Christine Dorsey

Name of person indebted to Claimant

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: SLOA
TELEPHONE NUMBER: 427-4081 ADDRESS: PO Box 791
Stevenson, 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: December 1, 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Arthur W. & Christine Dorsey
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 3 Block 2 Woodard Marina Estates AKA Skamania Landing Owners Assoc. Inc Skamania County, Washington
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): A. W. & C. Dorsey
TELEPHONE NUMBER: _____ ADDRESS: 2185 Eagle Sticks Dr.
Benderson, NV 89012
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: Nov. 1, 2001



Claim of Lien
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 3,000
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Skamania Landing Owners Assoc.

Claimant

Phyllis C Caley, Treasurer

Print or Type Name

Stevenson, WA 98648

Address

Telephone Number _____

STATE OF WASHINGTON

County of Skamania

SS.

Phyllis C Caley 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

17th

day of

January

Print Name

Debra A Tennison

Notary Public in and for the State of

WASHINGTON

My appointment expires:

3/01/03

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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