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FILED FOR RECORD
SEAL OF WASH
BY Thomas Riner

JUN 24 1 30 PM '02

P. HAWRY

Return Address:

Thomas K. Riner, DBA President of Riverside Estates Association
 PO Box 925 (182 Jennifer Way)
 Washougal, WA 98671

J. MICHAEL CARVISON

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) Laura S. Burns (2) Bruce A. Burns Add'l. on pg. _____

Grantee(s) (Claimants): (1) Riverside Estates Association Add'l. on pg. _____

Legal Description (abbreviated): Lot 2, Riverside Estates Association Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 02-05-29-30-0500-00-101 Taxpayer # 17743

Riverside Estates Association

Claimant

Laura Burns & Bruce Burns

vs.

Name of person indebted to Claimant

By _____
 dated this _____
 at _____
 State of _____
 County of _____

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: Riverside Estates Association
 TELEPHONE NUMBER: (360) 837-3135 ADDRESS: PO Box 925, Washougal, WA 98671
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: 12/31/01
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Laura Burns & Bruce A. Burns
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 2, Riverside Estates, according to the official plat thereof, on file and of record at page 44 and 45 of Book "B" of Plats, records of Skamania County, Washington
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Laura Burns & Bruce Burns
 TELEPHONE NUMBER: _____ ADDRESS: 9633 Sunland Place, Shadow Hills, CA 91040
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: 12/31/01



Claim of Lien
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 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 400

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

Riverside Estates Association
Claimant
Thomas K. Riner, President
Print or Type Name
PO Box 925
Address
Washougal, WA 98671
(360) 837-3135
Telephone Number

STATE OF WASHINGTON

County of Skamania

SS.

Riverside Estates Association, 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.

Thomas K. Riner

Date this

24th

day of

June

2002



Print Name

Notary Public in and for the State of

My appointment expires:

Peggy B. Lowry

Washington

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.