

146103

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FILED
STAMP
David Pickering

Oct 3 12 40 PM '02

J. MICHAEL GRIFFIN

Return Address: DAVID P. PICKERING
C/O COWAN PROPERTIES, INC.
5500 NE 34th ST.
VANCOUVER, WA 98664

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) CORINNE DAVIS/WESTON (2) _____ Add'l on pg. _____

Grantee(s) (Claimant): (1) DAVID P. PICKERING (2) _____ Add'l on pg. _____

Legal Description (abbreviated): LOT #4 HIDEAWAY ON WASHOUGAL Add'l legal is on page _____

Assessor's Property Tax Parcel / Account # 02 05 14 2 2 0120 00

DAVID P. PICKERING

Claimant

CORINNE DAVIS - WESTON

Name of person indebted to Claimant

Registered _____

Advised by _____

Filed _____

Index _____

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: DAVID P. PICKERING
 TELEPHONE NUMBER: (360) 607-1247 ADDRESS: 5500 NE 34th ST
VANCOUVER, WA.
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: MARCH 15, 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CORINNE DAVIS / WESTON
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
16361 WASHOUGAL RIVER RD., WASHOUGAL, WA. 98671
LOT #4 HIDEAWAY ON WASHOUGAL
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): CORINNE DAVIS / WESTON
 TELEPHONE NUMBER: (360) 607-1193 ADDRESS: 16361 WASHOUGAL RIVER RD.
WASHOUGAL, WA. 98671
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: JULY 30, 2002



Claim of Lien
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$24,400

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

Claimant

David P. Pickering

Print or Type Name 5500 NE 34th ST.

Address VANCOUVER, WA 98664

Telephone Number (360) 601-1247 - (360) 694-2352

STATE OF WASHINGTON

County of Skamania } SS.

David P. Pickering, 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 3rd day of October, 2002



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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