146791 ROOK 233 PAGE 292 FILED SIND SY Melanie Ellis Dec 4 3 yn fil '02 Return Address: J. MICHÂLL BARVISON Mehnie Ellis 601 Matthews Rd Washongal, Wa 9867/ CLAIM OF LIEN ndexing information required by the Washington State Anditos's Recueder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name firs Grantor(s) (Owner): (1) Ellis, Timothy Add'l. on pg Grantee(s) (Claimants): (1) Ellis, Melanie. (2)

Legal Description (abbreviated): 601, Matthews Rd, Washangal, Wa Radi. Tegal is on page.

Assesser's Rhydric Vac Partic Pirotovint of 2005, 200-601, 2-5-20-666 Add'l. on pg \$ 40 mail 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: NAME OF SIEN CLAIMANT: Mclanie Ellis TELEPHONE NUMBER: 360-837-36820DRESS: 601, Matthews M., Washingal Wg DATE ON WHICH THE CLAIMANT BECAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 500 17, 200 2 NAME OF PERSON INDEBTED TO THE CLAIMANT: 100 The DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 60 matthews Kd NAME OF THE OWNER OR REPUTED OWNER (If not known state unknown): Time thy DEIII'S TELEPHONE NUMBER: 360-513-5402 ADDRESS: 11301 NE 7th St. TE MM-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

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7. FRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS	=_3, 900 · 00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO S	TATE HERE: Yes
1	relanie Solis
Claire	Elanie Ellis
Print o	Type Name Hhew's Road
Addre	ashowal Wa 98671
34	0-737-3682 one Number
STATE OF WASHINGTON	
County of Clark Ss.	
melania Plas	
	Deing sword saved I am the eliment for the
ney of the claimant, or administrator, representative, or age named; I have read or heard the foregoing claim, read and kno and correct and that the claim of lien is not frivolous and is m under penalty of perjury.	with contents the reaf and but the state of the
and correct and that the claim of lien is not frivolous and is m	nt of the trustees of an employee benefit plan) above
and correct and that the claim of lien is not frivolous and is m	nt of the trustees of an employee benefit plan) above
and correct and that the claim of lien is not frivolous and is munder penalty of perjury. Signed and sworn to before me on this Print Name	the trustees of an employee benefit plan) above we the contents thereof, and believe the same to be true add with reasonable cause, and is not clearly excessive Believe the same to be true add with reasonable cause, and is not clearly excessive Believe the same to be true add with reasonable cause, and is not clearly excessive Charles Arackery Charles Arackery
and correct and that the claim of lien is not frivolous and is munder penalty of perjury. Signed and sworn to before me on this Print Name Notary Publication 15, 2008	day of December 2002 Chrola A Lackey ic in and for the State of Unitary and shore the same to be true and with reasonable cause, and is not clearly excessive Aday of December 2002 Chrola Lackey ic in and for the State of Unitary and the state of Unitary
and correct and that the claim of lien is not frivolous and is munder penalty of perjury. Signed and sworn to before me on this Print Name Notary Published	the trustees of an employee benefit plan) above we the contents thereof, and believe the same to be true add with reasonable cause, and is not clearly excessive Believe the same to be true add with reasonable cause, and is not clearly excessive Believe the same to be true add with reasonable cause, and is not clearly excessive Charles Arackery Charles Arackery

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.

