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BOOK 233 PAGE 292

FILED
STATE OF WASH
BY Melanie Ellis

DEC 4 3 44 PM '02

Polary
J. MICHAEL BARRISON

Return Address:

Melanie Ellis
601 Matthews Rd
Washougal, Wa 98671

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) Ellis, Timothy (2) _____ Add'l. on pg _____

Grantee(s) (Claimant): (1) Ellis, Melanie (2) _____ Add'l. on pg _____

Legal Description (abbreviated): 601, Matthews Rd, Washougal, Wa 98671 Add'l. legal is on page _____

Assessor's Parcel ID: 2-5-20-601, 2-5-20-606

Melanie Ellis Claimant

Timothy Ellis 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: Melanie Ellis
TELEPHONE NUMBER: 360-837-3622 ADDRESS: 601, Matthews Rd, 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: Sep 17, 2002
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Timothy D Ellis
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 601, Matthews Rd Washougal, Wa 98671
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Timothy D Ellis
TELEPHONE NUMBER: 360-513-5402 ADDRESS: 11301 NE 7th St, # MM-6 Vancouver, Wa 98684
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 5, 2002



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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 5,900.00

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

Claimant Melanie Ellis
Print or Type Name Melanie Ellis
Address 601 Matthews Road
Washouak Wa 98671
Telephone Number 360-837-3682

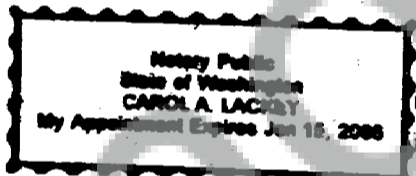
STATE OF WASHINGTON

County of Clark } SS.

Melanie Ellis, 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.

Melanie Ellis

Signed and sworn to before me on this 4 day of December, 2002



Carol Lackey
Print Name CAROL A. LACKEY
Notary Public in and for the State of Washington
My appointment expires: 01-15-06

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.

