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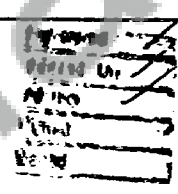
BOOK 253 PAGE 59

FILED
STAFF
Phyllis Caley
Oct 24 12 09 PM '03
J. MCHESNEY

RETURN ADDRESS:

SKAMANIA Landing Owners Assoc. Inc.
P.O. Box 791
Stevenson, WA 98648

Please Print or Type Information.

Document Title(s) or transactions contained therein: 1. Claim Lien 2. 3. 4.	
GRANTOR(S) (Last name, first, then first name and initials) 1. Arnold, Greg 2. Arnold, Patricia 3. 4. <input type="checkbox"/> Additional Names on page ____ of document.	
GRANTEE(S) (Last name, first, then first name and initials) 1. SKAMANIA Landing Owners Assoc. Inc. 2. 3. 4. <input type="checkbox"/> Additional Names on page ____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Lots 1 & 2 Block 4 Woodland Marina Estates <input type="checkbox"/> Complete legal on page ____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released: NA <input type="checkbox"/> Additional numbers on page ____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 0200341470000 / 0200341480000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <input type="checkbox"/> Additional parcel #'s on page ____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

Return Address:

SKAMANIA LANDING OWNERS ASSN, INC.
PO BOX 791
STEVENSON, WA 98648

CLAIM OF LIEN

Including information required by the Washington State Auditor's/Recorder's Office, (RCW 38.18 and RCW 60.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) ARNOLD, GREG (2) ARNOLD, PATRICIA Add'l. on pg. _____

Grantee(s) (Claimant): (1) SKAMANIA LANDING OWNERS ASSN, INC. Add'l. on pg. _____

Legal Description (abbreviated): LOT 1+2 BLOCK 4 WINDWARD MARINA ESTATES is on page _____

Assessor's Property Tax Parcel / Account # 02063414080000 - 02063414080000

SKAMANIA LANDING OWNERS ASSN
Claimant

GREG + PATRICIA ARNOLD vs.
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: SKAMANIA LANDING OWNERS ASSN, INC.
TELEPHONE NUMBER: 509-487-4081 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: September 6, 2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: GREG + PATRICIA ARNOLD
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 201 LAKESHORE DR.
STEVENSON, WA / Lots 1+2 BLOCK 4 WINDWARD MARINA
ESTATES / POA SKAMANIA LANDING OWNERS ASSN, INC.
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): GREG + P. ARNOLD
TELEPHONE NUMBER: 509-487-2067 ADDRESS: PO Box 2015, WA BANNERVILLE
WA 98639
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: MAY 1, 2003



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$250.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

SKAMANIA Landing Owners ASSOC, Inc
Claimant

Print or Type Name
PO Box 791
Address
Stevenson, WA 98698
509-427-4081
Telephone Number

STATE OF WASHINGTON

County of SKAMANIA } SS.

Phyllis C. Calky Treas., 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.

Phyllis C. Calky

Signed and sworn to before me on this 24th day of October, 2003.



Pamela K. Neblock
Print Name Pamela K. Neblock
Notary Public in and for the State of Washington
My appointment expires: 1-9-04

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.

