

Doc # 2004153102
Page 1 of 2
Date: 05/25/2004 04:23P
Filed by: NORTHWEST LIEN SERVICE INC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

Return Address: N.W. LIEN SERVICE, INC.
101 E. 8th ST.
STE. 330E
VANCOUVER, WA 98660

EBD9601SK

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) <u>VAN PELT & VAN PELT CONST., INC.</u>	Add'l. on pg. _____	
Grantee(s) (Claimants): (1) <u>EYEBALL DRYWALL</u> (2) _____	Add'l. on pg. _____	
Legal Description (abbreviated): <u>LOT 18, RUSSEL MEADOWS</u>	Add'l. legal is on page _____	
Assessor's Property Tax Parcel /Account # <u>03-08-17-2-3-0418-00</u>		

EYEBALL DRYWALL

Claimant
vs.

VAN PELT & VAN PELT CONST. INC.

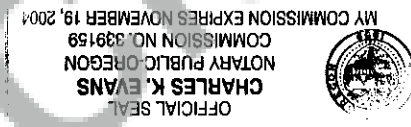
Name of person indebted to Claimant

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: EYEBALL DRYWALL
TELEPHONE NUMBER: (509) 427-7756 ADDRESS: PO BOX 1187, CARSON, WA 98610
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: 3/18/04
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: VAN PELT & VAN PELT CONST. INC.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property) 03-08-17-2-3-0418-00
LOT 18, RUSSEL MEADOWS
272 RUSSEL TIMBER LANE, CARSON, WA 98610
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): VAN PELT & VAN PELT CONST. INC.
TELEPHONE NUMBER: (509) 427-7397 ADDRESS: PO BOX 165, CARSON, WA 98610
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: 4/28/04



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.



Print Name CHARLES K. EVANS
Notary Public in and for the State of OREGON
My appointment expires: 11/19/04

Date this 17TH day of MAY, 2004
Robert W. Williams
being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

STATE OF OREGON
County of MULTNOMAH
SS. }

Claimant ROBERT W. WILLIAMS
Print or Type Name
PO BOX 1187
Address CARSON, WA 98610
Telephone Number (509) 427-7756

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,743.45
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A