Doc # 2004153214
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Date: 06/02/2004 01:42P
Filed by: BUILDING BUREAU INC Filed & Recorded in Official Records of SKAMANIA COUNTY J. MICHAEL GARVISON AUDITOR Fee: \$20.00

Return Address **BUILDING BUREAU, INC.** 11815 NE Highway 99, Suite A VANCOUVER, WA 98686

DEWILS INTERIORS, INC.	)	
-Claimant- vs JEFFREY D &/OR CLAUDIA J JONES ALLWAYS QUALITY CONSTRUCTION	) ) CLAIM OF I. ) 419479 )	JEN
	)	1
	3	9
NOTICE IS HEREBY GIVEN THAT THE PERSON	NAMED BELOW CLAIMS A LIEN P	URSU.

CHAPTER 60.04 RCW

In support to this lien, the following information is submitted: NAME OF LIEN CLAIMANT: DEWILS INTERIORS, INC.

TELEPHONE NUMBER:

(360)604-2250

ADDRESS:

PO BOX 820568, VANCOUVER WA 98682-0012

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 11, 2004

NAME OF PERSON INDEBTED TO THE CLAIMANT: ALLWAYS QUALITY CONSTRUCTION DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

72 NIGHTHAWK LN CARSON WA

in SKAMANIA County, Washington.

PARCEL 04753600110100, IN SECTION 36, TOWNSHIP 4 NORTH,

RANGE 7 1/2 EAST OF THE WILLAMETTE MERIDIAN, MORE FULLY

DESCRIBED IN SKAMANIA COUNTY AUDITOR'S VOLUME 248 PAGE 941.

ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER

; ALLWAYS QUALITY CONSTRUCTION JEFFREY D &/OR CLAUDIA J JONES

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:

March 27, 2004

(\$ 12312.65 PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS ) Plus lien costs in the amount of \$ 200.00 INTEREST \$ 365.69

for a total of: \$ 12878.34

TWELVE THOUSAND EIGHT HUNDRED SEVENTY-EIGHT & 34/100------ DOLLARS

PLUS interest and attorney's fees

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

-Claimant or person authorized to act on their behalf-

## STATE OF WASHINGTON

County of Clark

I, DANA DEKALB, being sworn, say: 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.

Suscribed and sworn to before me this 28 day of May,2004.

STATE OF WASHINGTON County of CLARK

ss. (CORPORATE ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that DANA DEKALB is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the LIMITED AGENT of DEWILS INTERIORS, INC. to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of My appointment expires: / 2

Dated: May 28, 2004

Dated, May 26, 2004

JERRY J. MICLAUGHLIN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
DECEMBER 15, 2005