

Return Address:

Construction Specialty Services, Inc. dba Profiles
5808 A Summitnew Ave #267
Yakima, WA 98908

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) Millie Hanson & Dan Hatfield (2) Hanson Living Trust Add'l. on pg. 35

Grantee(s) (Claimants): (1) Construction Spec. Services Inc. (2) Profiles Add'l. on pg. 2

Legal Description (abbreviated): Lot 1 - SPT-115 Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # 02-07-29-2-2-2500-00

Construction Specialty Services Inc dba Profiles
Claimant

Hanson Living Trust and
Name of person indebted to Claimant

vs. Construction Design Services LLC

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: Construction Specialty Services dba Profiles
TELEPHONE NUMBER: 509-307-4961 ADDRESS: 5808 A Summitnew Ave #267
Yakima, WA 98908
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: 3-15-04
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Millie Hanson & Dan Hatfield
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 1 SPT-115
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): unknown
TELEPHONE NUMBER: _____ ADDRESS: _____
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: 6-18-04



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 5,144.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

[Signature]
Claimant

SL Martin
Print or Type Name

Construction Specialty Services Inc. dba
Address

5800A Summitview Ave #207
Address

Yakima, WA 98908
Address

Telephone Number

509-307-4961

STATE OF WASHINGTON

County of Skamania }

SS.

Stephanie L. Martin, 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.

Signed and sworn to before me on this 28th day of June, 2004.



Peggy B. Lowry
Print Name

Notary Public in and for the State of Washington

My appointment expires: 2/23/07

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.



Claim of Lien

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on

Return Address:

Construction Specialty Services, Inc. dba Profiles
5808A Summitview Ave #267
Yakima, WA 98908

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) Construction Design Services LLC	Add'l. on pg. 1
Grantee(s) (Claimants):	(1) Construction Spec. Services (2) Profiles	Add'l. on pg. 1
Legal Description (abbreviated):	Add'l. legal is on page	
Assessor's Property Tax Parcel /Account #		

Claimant

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:
TELEPHONE NUMBER: 509-307-4961 ADDRESS: 5808A Summitview Ave #267
Yakima, WA 98908
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: 3-15-09
3. NAME OF PERSON INDEBTED TO THE CLAIMANT:
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
TELEPHONE NUMBER: ADDRESS:
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: 6-18-09



Claim of Lien

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