Doc # 2004153543
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Date: 06/30/2004 01:48P
Filed by: SKAMANIA LANDING OWNERS ASSOC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

Return Address:

SKAMANIA Landing Owners Assoc, Inc
PO Box 791
Stevenson, WA 98648

CLAIM OF LIEN Amendment

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): 140-873

Grantor(s) (Owners): (1) Arnold, Greg (2) Arnold, Patricia Add'l. on pg ___

Grantee(s) (Claimants): (1) Skamania Landing Owners Assoc. Inc Add'l. on pg ___

Legal Description (abbreviated): Lot 1+2 Blk Woodard Marina Estates Complete Legal is on pg ___

Assessor's Property Tax Parcel Account #: 02064134040800-02064134070000

Skamania Landing Owners
Claimant

vs.

Greg + Patricia Arnold
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 Assoc., Inc
TELEPHONE NUMBER: 509-427-4091 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 Woodard Marina Estates / AKA Skamania Landing Owners Assoc, Inc

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Greg + Patricia Arnold TELEPHONE NUMBER: 509-427-0007
ADDRESS: 201 Lakeshore Dr. Stevenson, WA 98648

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: June 1, 2004

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1,500.00

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

SKAMANIA Landing OWNERS ASSOC., INC
Claimant

Phyllis C Caley
Print or Type Name

PO Box 791
Address

Stevenson, WA 98648

509-427-4081
Telephone Number

STATE OF WASHINGTON

County of Skamania } ss.

Phyllis C Caley, 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 Caley

Date this 30th day of June, 2004

Peggy B Lowry

Print Name Peggy B. Lowry

Notary Public in and for the State of Washington

My appointment expires: 2/23/07

PEGGY B. LOWRY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 02-23-07

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.