Doc # 2005157723 Page 1 of 3 Date: 06/20/2005 04:00P Filed by: BRUCE SNYDER Filed & Recorded in Official Records of SKAMANIA COUNTY J. MICHAEL GARVISON AUDITOR Fee: \$21.00

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7	Russ Salas
8	Druce Snyaev Claimant
9	Bruce Snyder Claimant Ken or Barbara J. Davis CLAIM OF LIEN
10	Name of person indebted to Claimant:
11	
12	Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of this lien the following information is submitted:
13	1. NAME OF LIEN CLAIMANT: Bruce Snyder
14	TELEPHONE NUMBER: 602 - 750 - 1648 52 602 - 298 - 9678 ADDRESS: 16817 N. 15+ Dr. # 28 Phoenix AZ 85023
15	2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES.
16	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUK:
17	3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Ken or Barbara J. Davis
18	4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or
19	other information that will reasonably describe the property): Pavce 1 = 02053420010000
20	NEW NUY 534 TZN RSE Purcels CT CC
21	5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
22	6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED:
23	CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED:
24	7. PRINCIPAL AMOUNT FOR WHICH THE LIENTS CLAIMED IS: \$24,600.00
25	8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Yes
26	Burn Suyder
27	Claimant Bruce Snyder
28	Print or Type Name 15t. Dr# 28
29	Phoenix, AZ. 85023
30	602-198-9678 or 602-750-1648
	Tolombona Number

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Claim of Lien
Washington Legal Blank, Inc., Issaquah; WA Form No. 90 6/92
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

STATE OF WASHINGTON, COUNTY OF
5kamania ss.
Bruce Snyder, being sworn, says: I am the claimant for 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.
Subscribed and sworn to before me this 20th day of Tune 102005
Subscribed and sworn to before me this
Yeary & dory
GY B. LOWING
Notary Public in and for the State of WUSN INCHON
My appointment expires: 2/23/07
my appearance expires.
1 The Court of the second of t
1, 7, 1, 2-23-0 F =
NOTE: THE CEAL POPULATION WEST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL
PROPERTY 19 LOCAMENO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO
FURNISH LABORATER SON 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.

That portion of the Northeast quarter of the Northwest quarter of Section 34, Township 2 North, Range 5 East of the Willametta Meridian, Skamania County, Washington lying Easterly of a line 250 feet distant in an Easterly direction from the Easterly bank of the Washougal River at mean high water.

PARCEL CC

#200

That portion of the Northeast quarter of the Northwest quarter of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington lying Westerly of a line 250 feet distant in an Easterly direction from the Easterly bank of the Washougal River at mean high water and Easterly of the center of the channel of the Washougal River.

-Continued-

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