

Return Address:

Morgan Financial
1306 Main St.
Vancouver, wa 98660

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) Ogle, MARK (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Eisenhauer, Julie (2) _____ Add'l. on pg _____

Legal Description (abbreviated): lots 1 of SP2-9 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account #: 02052000060300

Julie Eisenhauer Claimant
vs.
mark ogle
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: Julie Eisenhauer
TELEPHONE NUMBER: 360-688-8101 ADDRESS: 1306 Main St
Vancouver, wa 98660
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: 5-02-05
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: mark ogle
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
22 Pine Drop
Washougal, wa 98671
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): mark ogle
TELEPHONE NUMBER: 360-991-6890 ADDRESS: 38218 SE 35th St
Washougal, wa 98671
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: 6-06-05



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 600 -
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Julie Eisenbauer - yes

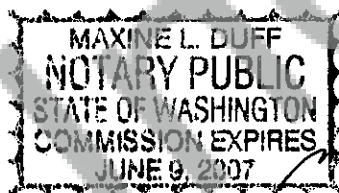
Julie Eisenbauer
Claimant
Julie Eisenbauer
Print or Type Name
1306 Main St.
Address
Vancouver, Wa 98660
360-693-8101
Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.

Julie Eisenbauer, 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 14th day of July 2005



Maxine L. Duff
Print Name Maxine L. Duff
Notary Public in and for the State of WA
My appointment expires: 6-9-2007

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.

