

Date: 11/16/2005 09:30A

Filed by: STEVEN J HANSON

Filed & Recorded in Official Records

of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$33.00

Steven J. Hanson

PO Box 777

Washougal, Wa

98671

Steven Hanson / SJH Remodeling

Claimant

Phil + Tracy Yersa - Graft

CLAIM OF LIEN

Name of person indebted to Claimant:

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:

1. NAME OF LIEN CLAIMANT: Steven J. Hanson
 TELEPHONE NUMBER: (360) 837 1188
 ADDRESS: PO Box 777 Washougal, Wa 98671
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: 4/18/05
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Phil + Tracy Yersa - Graft
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 232 Candy Lane
Washougal - Lot 1 Romana Bennett 3P BK 3/PG 395
private single family residence Ac. # 02053120090000
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Phil + Tracy Yersa - Graft
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: November 3rd 2005
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1850.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Yes

Steven J. Hanson

Steven Hanson / SJH Remodeling

Claimant

Steven Hanson

Print or Type Name

PO Box 777

Address

Washougal, Wa 98671

(360) 837 1188

Telephone Number

Claim of Lien

Washington Legal Blank, Inc., Issaquah, WA Form No. 90 6/02

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

STATE OF WASHINGTON, COUNTY OF

Skamania ss. }

Steven J. Hanson, 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.

Subscribed and sworn to before me this

16th day of November 2005

Peggy B Lowry

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.