

Doc # 2006164054
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Date: 12/12/2006 12:21P
Filed by: BILL HUGHES
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$33.00

Return Address:

BILL HUGHES
1204 NE 65 STREET
VANCOUVER, WA 98665

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) <u>JANE M MONIOT</u>	(2)	Add'l. on pg
Grantee(s) (Claimants): (1) <u>BILL E. HUGHES</u>	(2)	Add'l. on pg
Legal Description (abbreviated): <u>11971 WASHOUEAL RIVER RD WASHOUEAL, WA</u>		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # <u>02053300070000</u>		

BILL E. HUGHES
Claimant
vs.
JANE M. MONIOT
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: BILL E HUGHES
TELEPHONE NUMBER: 360 694-7352 ADDRESS: 1204 NE 65 STREET
VANCOUVER, WA 98665
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 15, 2006
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JANE M. MONIOT
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
11971 WASHOUEAL RIVER RD WASHOUEAL, WA 98671
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): JANE M. MONIOT
TELEPHONE NUMBER: 360 637-2155 ADDRESS: 11971 WASHOUEAL RIVER RD
WASHOUEAL, 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: NOVEMBER 25, 2006



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 7,000.00

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

Bill E Hughes
Claimant BILL E. HUGHES
Print or Type Name
1204 NE 65 STREET
Address
VANCOUVER, WA 98665
360 694-7352
Telephone Number

STATE OF WASHINGTON

County of _____

SS.

BILL E HUGHES, 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 11 day of December, 2006



Marlene Y. Fraser
Print Name MARLENE Y. FRASER
Notary Public in and for the State of Wash.
My appointment expires: 4-15-08

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.

