

Doc # 2007166297  
Page 1 of 2  
Date: 05/30/2007 11:49A  
Filed by: FAR WEST CREDIT SERVICE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$33.00

After recording, return to (Name, Address, Zip):

Far West Credit Services

6600 SW 92nd Ave. Suite 380

Portland, Or. 97223

### CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Matthew & Dena Hagan

Grantee (Claimant): Camp's Lumber & Building Supply

Abbreviated Legal Description: Tract of Land in SW Qtr of Sec 27 Twnshp 2N Range 6E \*

Assessor's Property Tax Parcel or Account No: 02062730020000

Reference No(s) of Related Documents: \*of Willamette Meridian in the Co. of Skamania Wa.

Camp's Lumber & Building Supply

Claimant,

vs.

Matthew & Dena Hagan

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: Camp's Lumber & Building Supply  
Telephone Number: 503-665-1138 Address: PO Box 1485  
Gresham, Or. 97030
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: 09/19/2006
3. Name of person indebted to the Claimant: Matthew & Dena Hagan
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 621 Woodard Creek Rd.  
Stevenson, Wa.
5. Name of the owner or reputed owner (If not known state "unknown"): Matthew & Dena Hagan
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: 03/14/2007

(OVER)



Form No. 90 - Claim of Lien

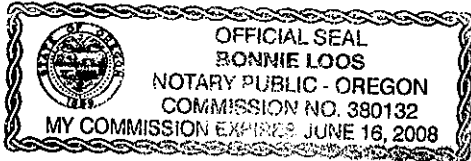
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7. Principal amount for which the lien is claimed is: 8,699.32

8. If the Claimant is the assignee of this claim so state here: \_\_\_\_\_



[Signature]  
CLAIMANT

Camp's Lumber & Building Supply  
CLAIMANT'S NAME (TYPED OR PRINTED)

PO Box 1485  
STREET ADDRESS

Gresham, Or. 97030 503-665-1138  
CITY STATE ZIP PHONE

Oregon  
STATE OF WASHINGTON,

County of Multnomah } ss.

Scott Daley

\_\_\_\_\_, 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 5/22/07

[Signature]  
Bonnie Loos

Notary Public for Washington Oregon

My appointment expires 6-16-08

