

Doc # 2007168490  
Page 1 of 2  
Date: 12/13/2007 12:06P  
Filed by: TRINITY CARPET & FLOORING INC  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$41.00

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

Trinity Carpet & Flooring Inc.  
2690 SE Mailwell Drive  
Milwaukie, OR 97222  
Attn: Jeanette

### CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): John S. Morris  
Grantee (Claimant): Trinity Carpet Brokers Inc.  
Abbreviated Legal Description: Lot 1 Mountain View Short Plat 2006-162893  
Assessor's Property Tax Parcel or Account No: 01050500110300  
Reference No(s) of Related Documents: \_\_\_\_\_

Trinity Carpet Brokers Inc.

Claimant

VS.  
John S. Morris and  
L.C. Construction

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: Trinity Carpet Brokers Inc.  
Telephone Number: 503-607-2014 Address: 2690 SE Mailwell  
Drive, Milwaukie, OR 97222
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: 6-7-07
3. Name of person indebted to the Claimant: L.C. Construction
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 112 Ohama Way Lot 1  
Mountain View Short Plat 2006-162893 - Township  
1 North Range 5 East Section 5 1103
5. Name of the owner or reputed owner (If not known state "unknown"): John S. Morris  
PO Box 871315 Vancouver WA 98687
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: 9-14-07

(OVER)



Form No. 60 - Claim of Lien  
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7. Principal amount for which the lien is claimed is: \$ 15,352.98

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

Representative of Trinity Carpet Brokers Inc.

Jeanette Spon - Trinity

CLAIMANT

Jeanette Spon - Trinity

CLAIMANT'S NAME (TYPED OR PRINTED)

2690 SE Mailwell Dr.

STREET ADDRESS

Milwaukee, WI 53222

CITY

STATE

ZIP

PHONE

503-001-2642

STATE OF WASHINGTON,

County of Clark

SS.

Jeanette Spon representative of Trinity Carpet Brokers Inc.

, 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.

Jeanette Spon

SIGNED AND SWORN TO before me on 12-12-07

Lisa Ellis

Notary Public for Washington

My appointment expires 9-25-09

