AFN #2017000365 Recorded Feb 21, 2017 01:34 PM DocType: LIEN Filed by: HOME VALLEY WATER DISTRICT Page: 1 of 2 File Fee: \$74.00 Auditor Robert J. Waymire Skamania County, WA

1	Home Valley 12 at 1 Dist.
2	Home Valley Water District Po Box 652 Stevenson, WA 98648
3	Squenson, INA 98648
4	
5	
6	
7	Home Valley Water District
8	Claimant
9	Ronald + Kachael Leevs ETAL CLAIM OF LIEN  Name of person indebted to Claimant:
10	. and or person materials to community
11	Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of
12	this lien the following information is submitted:
13	1. NAME OF LIEN CLAIMANT: Jome Valley Water District TELEPHONE NUMBER: 509: 427: 9697
14	ADDRESS: POBTY 652 SLEVENSON, WA 98648
15	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
16	BECAME DUE: 5 34 2013
17	3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Guy Campbell, Ronald + Kachae   Lee
19	4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
20	03-08-26-0-0-0517-00 131 RIK Bluff DR
21	5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Lonald + Rachael
22	
23	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:  TO WAY 2017
24	7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$875.34 + recording fees +
25	Continued delimpient billing  8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:
26	Home Vally Water District
27	England Survey S
28	Print or Type Diame
29	Addisselevenson, WA 98648
30	509 427. 9647
31	Telephone Number
32	Washington Legal Blank, Inc., Issaquah, WA Form No. 90 6/92 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

STATE OF WASHINGTON, COUNTY OF		- 1
Skamania ss.	HVW Nistrict	
Melissa Phillips Sicretar	being sworn, says: I am th	ne claimant (or attorney of th
ciamant, or administrator, representative, or ag	ent of the trustees of an employee	benent plan, above named,
have read or heard the foregoing claim, read and correct and that the claim of lien is not frivolous	l know the contents thereof, and be and is made with reasonable cause	elieve the same to be true an e, and is not clearly excessiv
under penalty of perjury.		- L / L
Subscribed and sworn to before me this	16th day of Febr	uary , 10
LESLIE L. MOORE	16th gay of February of Jesli 4	noon
NOTARY PUBLIC	Notary Public in and for the	
STATE OF WASHINGTON COMMISSION EXPIRES	My appointment expires:	1-9-2028
JANUARY 9, 2020		
Januarinaniani	7 7	

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.