AFN #2017000366 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 Water District PD Box 1052 Stevenson, WA 98648
2	PD Box 1052
3	Fluenson, WA 98648
4	
5	
6	
7	Home Valley Water Distant
8	Home Valley Water District Claimant  Warne + Jennifer Lausche Name of person indebted to Claimant:  CLAIM OF LIEN
9	Wayne + Jennifer Jausche
10	() Name of person industries to community
11	Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of
13	this lien the following information is submitted:
14	1. NAME OF LIEN CLAIMANT: Home Valley Water District TELEPHONE NUMBER: ADDRESS: PO BOX 652, Stevenson, WA 98648
15	2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES.
16	SUPPLY MATERIAL OF EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:
17	3. NAME OF PERSON INDEPTED TO THE CLAIMANT: Wayne + Jennifer Laus che
18	4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or
19	other information that will reasonably describe the property):    82
20	5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Would +
21	Jennifer Lausche
22	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
23	FURNISHED: February 2017
25	7. PRINCIPAL AMOUNT FOR WHICH THE LEN IS CLAIMED IS: \$ 919.92 + recording + on Goin & alling to payments fees
26	8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:
27	Primatise División Secretaria
28	Mullim Print or Type Name, 52
29	1 AND VENSON (1)A 98648
30	509-427-91047
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

Skamawa

Melissa Philips HW Secretary

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

LESLIE L. MOORE

NOTARY PUBLIC

STATE OF WASHINGTON

COMMISSION EXPIRES

JANUARY 9, 2020

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.