

AFTER RECORDING RETURN TO:

**NORTHWEST LIEN SERVICES, LLC
24447 234TH WAY SE
MAPLE VALLEY, WA 98038**

CLAIM OF LIEN

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| FARWEST PORTABLE CRUSHING, INC. Claimant. VS ESTATE OF WILLIAM WETHERAL AMMEN (Name of person indebted to claimant) |
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NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to Chapter 60.04 RCW. In support of this lien the following information is submitted:

- 1. Name of claimant: FARWEST PORTABLE CRUSHING, INC.**
Telephone Number: 503-328-9012
Address: 111 HAMILTON CREEK RD, NORTH BONNEVILLE, WA 98639
- 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: AUGUST 21, 2018**
- 3. Name of person indebted to the Claimant: ESTATE OF WILLIAM WETHERAL AMMEN, 31625 SE HINMAN AVE, ESTACADA, OR 97023**
- 4. Description of the property against which a lien is claimed:**
Address: PARCEL #02071500030000 SKAMANIA COUNTY MAP G-F2-DFL, NORTH BONNEVILLE, WA 98639
Legal Description: TOWNSHIP 02 RANGE 07 SECTION 15. DESCRIBED AS FOLLOWS: SKAMANIA County Assessor's Tax Parcel #02071500030000
- 5. Name of owner or reputed owner (if not known state "unknown"): HILANDS WILLIAM MARSHALL ADMINISTRATOR WILLIAM WETHERAL AMME ESTATE, 31625 SE HINMAN AVE, ESTACADA, OR 97023-9715**
- 6. The last date on which labor was performed, professional services were furnished; Contributions to an employee benefit plan were due on material, or equipment was furnished: DECEMBER 7, 2018**
- 7. Principal amount for which the lien is claimed: \$23,038.59 plus applicable lien fees &/or attorney's fees, &/or interest.**
- 8. If the Claimant is the assignee of this claim so state here: N/A**

Northwest Lien Services LLC

By:

It's Authorized Representative/Employee,

**As Authorized agent of FARWEST PORTABLE CRUSHING, INC.
111 HAMILTON CREEK RD, NORTH BONNEVILLE, WA 98639
503-328-9012**

STATE OF WASHINGTON)
)ss

COUNTY OF KING)

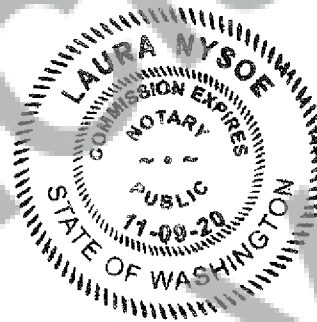
KEN MARTIN, being sworn, says: I am an authorized representative/employee of the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe 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.

Ken Martin

Subscribed and sworn to before me this 4th day of DECEMBER, 2018

Laura Nysoe

PRINTED NAME: LAURA NYSOE
NOTARY PUBLIC
In and for the State of Washington.
Residing in: MAPLE VALLEY
My commission expires: 11/9/2020



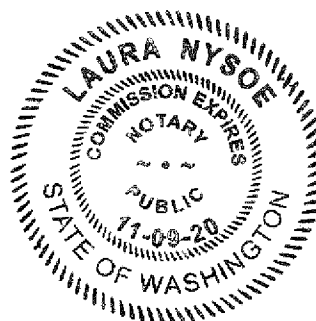
STATE OF WASHINGTON)
)ss
COUNTY OF KING)

On this 4th day of DECEMBER 2018, before me personally appeared KEN MARTIN, to me known to be the (president, vice president, secretary, treasurer, or other authorized officer or agent, as the case may be) of Northwest Lien Service, LLC, a Washington Limited Liability Company, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said Company, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said Company.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

Laura Nysoe

PRINTED NAME: LAURA NYSOE
NOTARY PUBLIC
In and for the State of Washington
Residing in: MAPLE VALLEY
My commission expires: 11/9/2020



Order #18-001524 Dated: 12/4/2018