County, WA When recorded return to: Ferd Coisper 381 Huckins-Buhman Road Washougal, wa 98671 **DOCUMENT TITLE(S)** Claim of Lien REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: Additional reference numbers on page \_\_\_\_\_\_ of document Jamie Stalnake ☐ Additional names on page \_ CLAIMANT(S) ☐ Additional names on page ABBREVIATED LEGAL DESCRIPTION Complete legal description is on page 020531200102-00 The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the Indexing Information provided herein. "I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18,010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text

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Casper Page: 1 of 4 File Fee: \$102.00 Auditor Robert J. Waymire Skamania

of the original document as a result of this request."

Signature of Requesting Party

Note to submitter. Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

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## **CLAIM OF LIEN**

1. NAME OF LIEN CLAIMANT: FEVO COISPEY
TELEPHONE NUMBER 300 837 3342
ADDRESS: 381 HTUCKINS BUHMAN Kd. Wash
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 29.2018
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: ) AMILE PLAN MELY
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description
or other information that will reasonably describe the property):
- JEE OITIOCIRO
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
Jamie Stalnaker
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:
September 24,2018
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:
15,074.90
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: .
Claimant
(Phone number, address, city, and
state of claimant)
X Jan Wage
7 140
Notary Public

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I certify that I know or have satisfactory evidence that

(Byare the person(s) who appeared before me, and said person(s) acknowledged that

(They she/firey) signed this of instrument and acknowledged it to be (They her/their) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: ADRILY 2019

Notary Public in and for the State of

Residing at: 3344 C

My appointment expires:

| Notary Public State of Washington umission expire9 JANUARY 8, 2023

Notary - Jurat General SSCORPD0282.doc / Updated: 08.03.16

Printed: 03.29.19 @ 12:41 PM by AJA WA-CT-FVAN-02150.622486-622-104773

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EXHIBIT "A"

A tract of land in the Northeast Quarter of the Northwest Quarter of Section 31, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of CASPER Short Plat, recorded under Auditor File No. 2019000251, Skamania County Records.