

AFTER RECORDING RETURN TO:

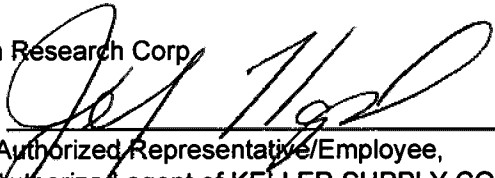
LIEN RESEARCH CORP.  
P.O. BOX 3409  
ARLINGTON, WA 98223

CLAIM OF LIEN

KELLER SUPPLY COMPANY
Claimant
VS
ALL COUNTY PLUMBING, LLC
Name of person indebted to Claimant

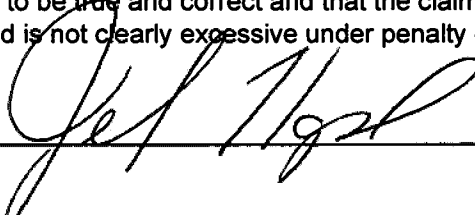
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien, the following information is submitted:

1. Name of Claimant: KELLER SUPPLY COMPANY  
Telephone Number: (206) 285-3300  
Address: 3209 17TH AVE W, SEATTLE, WA 98119
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: April 4, 2019
3. Name of the person indebted to the Claimant: ALL COUNTY PLUMBING, LLC, P.O. BOX 522, BATTLE GROUND, WA 98604
4. Description of the property against which a lien is claimed:  
Address: 163 NE HEMMINGWAY DR., STEVENSON, WA  
Legal Description: LOT 24 OF CHINIDERE PHASE 1, RECORDED UNDER AUDITOR'S FILE NO. 2017000886, RECORDS OF SKAMANIA COUNTY, WASHINGTON.  
SKAMANIA County Assessor's Tax Parcel No. 03753630122400
5. Name of owner(s) or reputed owner(s) (if not known, state "unknown"):  
PATTI SHERWIN & KRIS KARBUSICKY, 15324 NE 23RD ST., VANCOUVER, WA 98684
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: March 25, 2020
7. Principal amount for which the lien is claimed: \$2,080.51, 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.

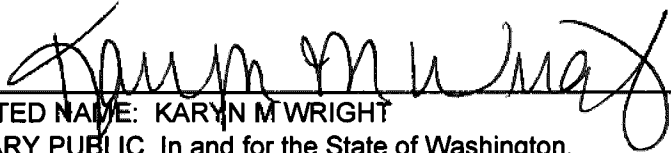
Lien Research Corp.  
By:   
It's Authorized Representative/Employee,  
As Authorized agent of KELLER SUPPLY COMPANY, Claimant  
3209 17TH AVE W  
SEATTLE, WA 98119  
(206) 285-3300

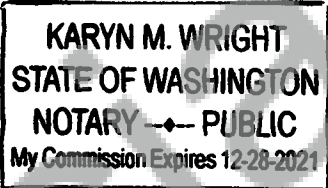
STATE OF WASHINGTON       )  
  )ss  
COUNTY OF SNOHOMISH    )

JENNIFER KAPLAN, 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 forgoing 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.

  
\_\_\_\_\_

Subscribed and sworn to before me this 10 day of April 2020.


  
\_\_\_\_\_  
PRINTED NAME: KARYN M WRIGHT  
NOTARY PUBLIC, In and for the State of Washington.  
Residing in: ARLINGTON  
My commission expires: 12/28/2021

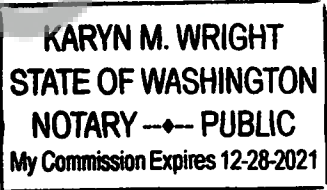


STATE OF WASHINGTON       )  
  )ss  
COUNTY OF SNOHOMISH    )

On this 10 day of April 2020, before me personally appeared JENNIFER KAPLAN, to me known to be the (president, vice president, secretary, treasurer, or other authorized office or agent, as the case may be) of Lien Research Corp., A Washington corporation, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act of deed of said corporation, 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 corporation.

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

  
\_\_\_\_\_  
PRINTED NAME: KARYN M WRIGHT  
NOTARY PUBLIC, In and for the State of Washington.  
Residing in: ARLINGTON  
My commission expires: 12/28/2021



Order # 20-040383, Dated 4/9/2020