



00004533202000019000020021

WHEN RECORDED RETURN TO:

Fosburg Enterprises
305 SE Chkalov Dr. 111-336
Vancouver WA 98683

DOCUMENT TITLE(S)

Construction lien

REFERENCE NUMBER(S) of Documents assigned or released:

NA

☐ Additional numbers on page _____ of document.

~~GRANTOR(S):~~ Grantee:

Thomas McCloskey

☐ Additional names on page _____ of document.

~~GRANTEE(S):~~ Grantor:

Fosburg Enterprises LLC

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

17 SW Russel Stevenson WA 98648

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

02070111 3000000

☐ Additional parcel numbers on page _____ of document.

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.

CLAIM OF LIEN

Fosburg Enterprises LLC, claimant, vs Thomas McCloskey, name of person indebted to claimant:

Notice is hereby given that the person named below claims a lien pursuant to *chapter 64.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Fosburg Enterprises LLC

TELEPHONE NUMBER: (360)903-7418

ADDRESS: 305 SE Chkalov DR 111-336

Vancouver WA. 98683

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: 9 August 2019

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Thomas McCloskey

....
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED
(Street address, legal description or other information that will reasonably describe the property):
17 SW Russel Stevenson Washington 98648

....
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): .
Thomas McCloskey

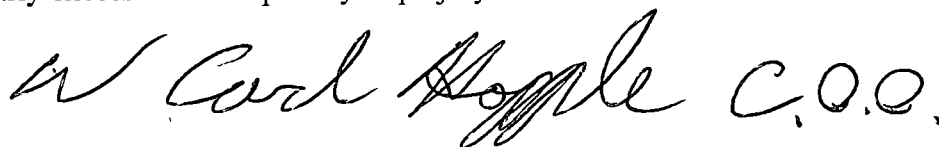
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: 29th April 2020

....
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$34,306.23
Thirty Four Thousand Three Hundred Six Dollars and 23/100

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:
This lien is not assigned.

STATE OF WASHINGTON, COUNTY OF SKAMANIA

W. Carl Hopple C.O.O, 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 27th day of July 2020