Skamania County, WA Total: \$304.50 Pgs=2

2025-000214

LIEN

02/13/2025 01:18 PM

Request of: NORTHWEST LIEN SERVICES, LLC

eRecorded by: Simplifile

AFTER RECORDING RETURN TO:

NORTHWEST LIEN SERVICES, LLC 1406 NE JADE ST. ISSAQUAH, WA 98029

CLAIM OF LIEN

ROBINSON RESTORATION, LLC

Claimant.

JESSE HULL

(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:

Name of claimant: ROBINSON RESTORATION, LLC Address: PO BOX 822366, VANCOUVER, WASHINGTON 98682 Telephone Number: (360) 622-3092

- 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: FEBRUARY 02, 2023
- 3. Name of person indebted to the Claimant: JESSE HULL, 32 ALPINE LANE CARSON, WASHINGTON 98610
- 4. Description of the property against which a lien is claimed:

Address: 32 ALPINE LANE
CARSON, WASHINGTON 98610
LEGAL DESCRIPTION: LOT 14 CARSON VALLEY PARK; DESCRIBED
AS FOLLOWS: SKAMANIA County Parcel No: 03081740510000

- Name of owner or reputed owner (if not known state "unknown"): JESSE E HULL, 32 ALPINE LANE, CARSON, WASHINGTON 98610
- 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: FEBRUARY 11, 2025
- 7. Principal amount for which the lien is claimed: \$ 10,515.76 plus applicable lien fees &/or attorney's fees, costs &/or interest.
- 8. If the Claimant is the assignee of this claim so state here: N/A

ROBINSON RESTORATION, LLC

PO BOX 822366 VANCOUVER, WASHINGTON 98682

(360) 622-3092

By: John Crinelle NORTHWEST LIEN SERVICES, LLC

JOHN CRIVELLO, MEMBER

1406 NE JADE ST.

ISSAQUAH, WA 98029

AUTHORIZED AGENT FOR ROBINSON RESTORATION, LLC

STATE OF WASHINGTON)
)ss
COUNTY OF KING)

JOHN CRIVELLO, 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.

Subscribed and sworn to before me this 12TH DAY OF FEBRUARY 2025



PRINTED NAME: LORI SHAFFER NOTARY PUBLIC

In and for the State of Washington. My commission expires: 7/24/2026

STATE OF WASHINGTON)ss

•

COUNTY OF KING

On this 12TH DAY OF FEBRUARY 2025, before me personally appeared JOHN CRIVELLO, 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.

PRINTED NAME: LORI SHAFFI NOTARY PUBLIC

In and for the State of Washington. My commission expires: 7/24/2026

Order #25-00091 Dated: 2/12/25

Minimul,