


Instrument Prepared By  
And Recording Requested By

Jonathan  
Christopher  
P.O. Box 1690  
Brush Prairie, WA.  
98606

Skamania County, WA 2025-000476  
Total: \$304.50  
LIEN 04/07/2025 04:43 PM  
Pgs=2  
Request of: JONATHAN CHRISTOPHER  
  
00020896202500004760020026

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GRANTOR: Alexander Hobson and Teresa O'Hanlon

GRANTEE: Christopher's Custom Concrete, Inc.

LEGAL DESCRIPTION: Lot 1 Stanley Wright SP Book 2 page 155 B and page 155 C

SKAMANIA COUNTY ASSESSOR'S PROPERTY NUMBER: 02053000152000

## CLAIM OF LIEN

Christopher's Custom Concrete, Inc  
PO Box 1690  
Brush Prairie, WA. 98606. (Claimant)

vs

Alexander Hobson and Teresa O'hanlon (husband and wife)  
(Name of Person Indebted to Claimant)

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Christopher's Custom Concrete, Inc.  
(360)910-2507  
PO Box 1690. Brush Prairie, WA. 98606

2. DATE ON WHICH CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 01/03/2025
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Alexander Hobson and Teresa O'Hanlon
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: 111 Wright Rd. Washougal, WA. 98671 in the county of Skamania. Lot 1 Stanley Wright SP Book 2 page 155 B and page 155 C.
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Alexander Hobson and Teresa O'Hanlon.
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: 01/09/25
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$18,443.89

Claimant Signature: \_\_\_\_\_

Claimant Printed Name: Jonathan Christopher, authorize signer for Christopher's Custom Concrete, Inc

Phone Number, Address, City, and State of Claimant:  
(360)910-2507, PO Box 1690, Brush Prairie, WA.

### NOTARY ACKNOWLEDGMENT

STATE OF WASHINGTON }  
COUNTY OF Skamania } ss.

Jonathan Christopher, 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 7th day of April, 2025.

Leslie L Moore  
Notary Public

My Commission Expires: 2-24-2028

