



199908120099

Kathy Hill, Skagit County Auditor

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CLAIM OF LIEN

Indexing information as required by the Washington State Auditor's/Recorder's Office (RCW 36.18 and RCW 65.04)

Reference # (if applicable): None

Claimant:

Owners:

Abbreviated Legal: Additional Legal on page: -1-

Assessor's Tax Parcel No:

WBK MASONRY

doing business as

, Claimant

vs.

, name of person indebted to Claimant

REX & KAREN BENEDICT

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:

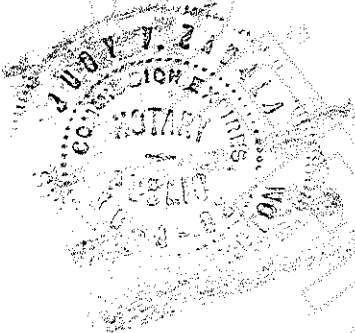
1. Name of lien claimant: WILLIAM KENNEY
Telephone number: 360/299/3351
Address: PO Box 701
ANACORTES WA 98221
2. Date on which the claimant began to perform labor, provide professional services, supply material or equipment or the date on which employee benefit contributions became due: 5/25/99
3. Name of person indebted to the claimant: REX & KAREN BENEDICT
4. Description of the property against which a lien is claimed: EAGLEMONT PHASE 1A LOT 57 P 104324
5. Name of the owner or reputed owner: REX & KAREN BENEDICT

Telephone number:

Address:

360/
1316 ALPINE VIEW DR
MT VERNON WA 98273

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: 5/25/99
7. Principal amount for which the lien is claimed is: 8500.⁰⁰
8. If the claimant is the assignee of this claim so state here: n/a



Dated this 12 day of AUG, 1999

By: [Signature]
Claimant

Telephone number:
(360) 293-3425

Address:
2403 14th Street
P.O. Box 292
Anacortes, WA 98221

State of Washington)

) ss

County of Skagit)

I, , being sworn, says: I am the claimant 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.

[Signature]

8-12-99

(Date)

[Signature]
Notary Public for the State of Washington

(Print or type name of notary)

My Appointment expires: 10-1-01

August 12 1999

(Date)



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