



200005240029

Kathy Hill, Skagit County Auditor
5/24/2000 Page 1 of 2 9:40:49AM

Return Address:

Shangri-LA Community Club
P.O. Box 12
HAMILTON, WASH 98255-0012

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): _____		
Grantor(s) (Owner): (1) <u>Sterling Savings Bank</u>	(2) _____	Add'l. on pg. _____
Grantee(s) (Claimants): (1) <u>Shangri LA Community Club</u>		Add'l. on pg. _____
Legal Description (abbreviated): <u>Lot 28 & 37 Shangri LA Dr</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>PL9020</u>		

Shangri LA Community Club
Claimant

Sterling Savings Bank
Name of person indebted to Claimant

vs.

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:

- NAME OF LIEN CLAIMANT: Shangri LA Community Club
TELEPHONE NUMBER: 360 826-9173 ADDRESS: PO Box 12, HAMILTON WASH. 98255-0012
- 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: Aug 98 - Aug 99 - Aug 2000
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Sterling Savings Bank
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 35590 Shangri-LA Drive, Sedro Wolley, WA 98284
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Sterling Savings
TELEPHONE NUMBER: _____ ADDRESS: N. 111 WALL, SPOKANE WASH, 99201 owner ID 92352
- 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: 5/23/00



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NOTION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW

My appointment expires: 10-1-01

Notary Public in and for the State of WA

Print Name Judy Zavala

Judy Zavala

Date this 24th day of May 2000

Marcia Zankich Seetres

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.

being sworn, says: I am the claimant (or attorney of

Marcia Zankich Seetres

SS.

STATE OF WASHINGTON

County of Skagit

Telephone Number

360.826-9173

Address Hamilton Wash 98255

Print or Type Name P.O. Box 12

Claimant Marcia Zankich Seetres

Shangri-la Community Club

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:

240.00 + recording fees.