



200006050090

Kathy Hill, Skagit County Auditor

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Return Address:

Berentson Inc

PO Box 635

Burlington, WA 98233

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) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): _____ Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P - 100742

Berentson Inc DBA Berentson Plumbing

Claimant

vs.

Daniel and Debbie Boffey

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:

- NAME OF LIEN CLAIMANT: Berentson Inc DBA Berentson Plumbing
TELEPHONE NUMBER: 360 757 2707 ADDRESS: PO Box 635
Burlington, WA 98233
- 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: 1-04-00
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel and Debbie Boffey
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 16112 Mt View Rd
Mount Vernon WA 98274
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Daniel & Debbie Boffey
TELEPHONE NUMBER: 360 422 6805 ADDRESS: 16112 Mt View Rd
Mount Vernon, WA 98274
- 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: 4-17-00



Claim of Lien
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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 Zavarza

Signed and sworn to before me on this 5th day of June 2000

David E Berentson, 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.

STATE OF WASHINGTON }
County of Skagit }
SS.

Claimant David E Berentson Pres
Print or Type Name
PO Box 635
Address Burlington wa 98233
Telephone Number 360 757-2707

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3521.85
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: