



200008220042

Kathy Hill, Skagit County Auditor

8/22/2000 Page 1 of 2 10:50:38AM

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 # P66100

ELLIOTT ELECTRIC ELLIOT\*008DZ  
Claimant

Square Harbor Development vs.  
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: ELLIOTT ELECTRIC  
TELEPHONE NUMBER 360-299-1152 ADDRESS: 4319 GLASGOW WAY  
ANACORTES, WA 98221
- 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: 07-11-00
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Square Harbor Development
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
6356 SOUTH SHORE RD, GUENES ISLAND  
PARCEL ID P66100  
X REF ID 3926-009-001-0104
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Square Harbor Development  
TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: 4229 S 252 ND PL  
KENT, WA 98032
- 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: 07-15-00





Claim of Lien

© Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHAT

8/22/2000 Page 2 of 2 10:50:38AM

Kathy Hill, Skagit County Auditor

200008220042



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

*[Signature]*

Signed and sworn to before me on this 22nd day of August 2000

under penalty of perjury. and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true ney of the claimant, or administrator, representative, or agent of the trustee of an employee benefit plan) above being sworn, says: I am the claimant (or attor

Ronald L. Elliott

County of Skagit } STATE OF WASHINGTON  
SS.

Telephone Number 1-360-299-1152

Address KUKACORPES, WA 98221

Print of Type Name 4319 GILBROW WAY

Claimant RONALD L. ELLIOTT

*[Signature]*

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$377,25

OFFICIAL