



200009110036
Skagit County Auditor

9/11/2000 Page 1 of 2 11:12:05AM

Return Address:

Kern Funeral Home

1122 S. 3rd Street

Mount Vernon, Washington 98273

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) **Katheryn Wells** (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) **Kern Funeral Home** (2) _____ Add'l. on pg _____

Legal Description (abbreviated): **Syndicate Add. Lot 3 W. 25' lot 4 Blk 14** Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # **P74335**

Kern Funeral Home

Claimant

vs.

Katheryn Wells

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: **Kern Funeral Home/LeRoy A. Anderson, Pres.**
TELEPHONE NUMBER: **360-336-2153** ADDRESS: **1122 S. 3rd St. Mount Vernon, Wa. 98273**
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: **July 17, 2000**
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: **Katheryn Wells**
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): **513 Myrtle Street
La Conner, Wash. 98257**
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
TELEPHONE NUMBER: **360-466-4394** ADDRESS: **P.O. Box 99 513 Myrtle St.
La Conner, Wash. 98257**
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: **June 17, 2000**



Claim of Lien

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/96

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

per annum

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,860.90 Plus 12% Int/ from July 17, 2000.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE Kern Funeral Home/LeRoy A. Anderson,
Pres.

LeRoy A. Anderson

Claimant

LeRoy A. Anderson, Pres. Kern Funeral Home
Print or Type Name

1122 S. 3rd Street
Address

Mount Vernon, Washington 98273
Address

360-336-2153
Telephone Number

Telephone Number

STATE OF WASHINGTON

County of Skagit } SS.

LeRoy A. Anderson, 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.

Constance L. LeSourd

Notary Public

Date this 11th day of September, 2000.

Constance L. LeSourd

Print Name

Print Name Constance L. LeSourd

Notary Public in and for the State of Washington

My appointment expires: 3/4/2003

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.



200009110036

Skagit County Auditor

9/11/2000 Page 2 of 2 11:12:05AM