



200010180074  
Skagit County Auditor

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Return Address:

Pacific Distworks Incorporated  
P.O. BOX 7413  
EVERSON, WA 98247

### 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) Ben Caldwell (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimants): (1) Pacific Distworks Inc (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): 15844 YOKEKO Drive, Anacortes Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # P104922 / 3898-000-063-0003

Pacific Distworks Inc. } Claimant  
Ben Caldwell } vs.  
 Name of person indebted to Claimant

P19633 / 340124-4-022-0104

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: Pacific Distworks Inc  
TELEPHONE NUMBER: 360-966-2250 ADDRESS: 111 Marcus Street  
EVERSON, WA
- 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: started 09/22/00 10/01/00 DUE
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ben Caldwell
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 15844 YOKEKO  
DRIVE, ANACORTES
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Ben Caldwell  
TELEPHONE NUMBER: 360-293-1220 ADDRESS: \_\_\_\_\_
- 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: 09/22/00





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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 Zavala

*Judy Zavala*

Signed and sworn to before me on this 18 day of October 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 trustees of an employee benefit plan) above 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

*Bud Hooper*

*Bud Hooper*

STATE OF WASHINGTON } County of Skagit } ss.

Telephone Number

966-2250

Address

111 Marcus Street, Everett

Print or Type Name

*Bud Hooper*

Claimant

*Bud Hooper*

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 780.00