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Skagit County Auditor
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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): Lt. #45 Nookachamp Hills Pvd PH 1 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P113886

R+S PAINTING

Claimant

vs.

TRADITIONAL HOMES

Name of person indebted to Claimant

DAN BOFFEY

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: R+S PAINTING
TELEPHONE NUMBER: 855-0304 ADDRESS: 1110 WARNER ST.
SEASIDE-WOOLLEY, WA. 98084
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: 9/18/00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TRADITIONAL HOMES
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 17109 TROUT DR.
MT. VERNON, WA. 98273
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):
TELEPHONE NUMBER: _____ ADDRESS: 16112 MOUNTAIN VIEW RD.
MT. VERNON, WA. 98273
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: 10/25/00





Claim of Lien

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

Skagit County Auditor

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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.



Signed and sworn to before me on this 2nd day of November 2000
Print Name Kathryn Lowery
Notary Public in and for the State of Washington
My appointment expires: 9-3-02

I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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 Michael R. Matthews
Print or Type Name 110 Warner St.
Address Seabe-Walker, WA. 98284
Telephone Number 360-855-0304

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$4,800.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A