



200011080077
Skagit County Auditor

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Return Address:

Ohm Electric
11391 HAVEKOST ROAD
ANACORTES, WA 98221

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): Lot 45 Nookachamp Hills Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P113886 4722-000-0450000

_____ Claimant } Traditional Homes Const.
 vs. } DAN + Debbie Boffey
 _____ } 16112 MT. View
 Name of person indebted to Claimant } MT. VERNON

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: William Kim Houtz DBA Ohm Electric
 TELEPHONE NUMBER: 293-5422 ADDRESS: 11391 HAVEKOST
ANACORTES 98221
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: 7-6-00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: DAN + Debbie Boffey
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
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DAN Debbie Boffey
 TELEPHONE NUMBER: 422-6805 ADDRESS: 16112 MT. VIEW dr
MT. VERNON
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: Week of OCT 16, 2000



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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.

Print Name _____
Notary Public in and for the State of WA
My appointment expires: 10-1-01

Signed and sworn to before me on this 8th day of November 2000

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.

William K. Houtz

STATE OF WASHINGTON
County of Skagit
ss. }

Claimant William K. Houtz
Print or Type Name William K. Houtz
Address 11391 HAVEKOST RD
ANACORTES
Telephone Number 360-935-5422

Ohm Electric
11391 HAVEKOST ROAD
ANACORTES, WA 98221

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 4000.00 (four thousand)

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

William K. Houtz