



200011080098
Skagit County Auditor

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Return Address:

Homecrafters
14101 Craterlake Rd.
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) Deborah & Dan Bottey (2) DBA. Traditional Homes Inc. Add'l. on pg _____
Grantee(s) (Claimants): (1) Barnesberger & Hulsey (2) DBA. Homecrafters Add'l. on pg _____
Legal Description (abbreviated): Lot 45 Nookachamp Hills Phase 1 Skagit Com. WA. Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # P113886

Homecrafters
Claimant
vs.
Traditional Homes Inc.
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: Homecrafters
TELEPHONE NUMBER: 360-293-6563 ADDRESS: 14101 Craterlake Rd., Ana. WA. 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: 8/21
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Traditional Homes Inc. / Dan Bottey
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., M.V. WA. 98274 Lot 45 Nookachamp Hills Phase 1 Skagit Com. WA.
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Deborah & Dan Bottey
TELEPHONE NUMBER: 404-2011 ADDRESS: 160 Cascade Pl., Suite 206 Bunk., WA. 98233
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: 10/17



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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.

Date this 8th day of Nov, 2000
Print Name Judy Zavala
Notary Public in and for the State of WA
My appointment expires: 10-1-01

Rob Bamesberger
County of Skagit
STATE OF WASHINGTON
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.

SS. }
County of Skagit
STATE OF WASHINGTON

Claimant Rob Bamesberger / Homecare
Print or Type Name 14101 Center Lake Rd.
Address Anacortes, WA 98221
Telephone Number 360-293-6563

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: # 3,339.64
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes - Rob Bamesberger

