



200011220017
Skagit County Auditor
11/22/2000 Page 1 of 3 10:09:38AM

Return Address:

MOUNT VERNON CARPET CENTER
PO BOX 1166
MOUNT VERNON WA 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) Boffey, DAN (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) MOUNT VERNON CARPET CENTER (2) _____ Add'l. on pg _____

Legal Description (abbreviated): LOT 5, "WILDA MOUNTAIN VIEW ESTATES," Add'l. legal is on page 3

Assessor's Property Tax Parcel /Account # P100742/4572-000-005-0004

MOUNT VERNON CARPET CENTER } Claimant
vs. }
DAN BOFFEY }
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: MOUNT VERNON CARPET CENTER
TELEPHONE NUMBER: 360 386 6533 ADDRESS: PO BOX 1166
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: JUNE 16 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: DAN 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): 16112 MOUNTAIN VIEW ROAD MOUNT VERNON WA 98273
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DAN BOFFEY
TELEPHONE NUMBER: 360-422-5208 ADDRESS: 16112 MOUNTAIN VIEW ROAD
MOUNT VERNON WA 98274
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: AUGUST 25, 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.

My appointment expires: 11/10/04
 PUBLIC Notary Public in and for the State of WASH.
 Print Name: MICHAEL JAMES BRANNAN
 MICHAEL JAMES BRANNAN
 NOTARY PUBLIC
 WASHINGTON STATE
 COMMISSION EXPIRES 11/10/04

Date this 19th day of October 2000

being sworn, says: 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.

Donald A. Wetsch

Donald A Wetsch

County of Skagit

STATE OF WASHINGTON

SS.

Claimant: Donald A Wetsch
 Print or Type Name: Donald A Wetsch
 R Box 1166
 Address: Mount Vernon WA 98273
 Telephone Number: 360-386-6533

Donald A Wetsch

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 4869.08

UNOFFICIAL DOCUMENT