

Return Address:

Cascade Custom Plumbing
20624 Starbird Rd
Mt. Vernon, Wa 98274



200101090046
Skagit County Auditor

1/9/2001 Page 1 of 2 1:03:10PM

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): Pl Vacated Lts 5-10 Bl 319 Juliusotters Fidalgo City Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P19633

Cascade Custom Plumbing
Claimant

Ben + Laura Caldwell
vs.
Name of person indebted to Claimant

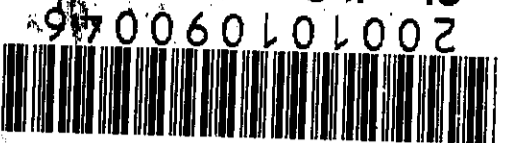
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: Cascade Custom Plumbing
TELEPHONE NUMBER: 360-445-4526 ADDRESS: 20624 Starbird Rd
Mt. Vernon, Wa 98274
- 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: 8/7/00
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ben + Laura 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 Dr.
Anacortes, Wa 98221
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
TELEPHONE NUMBER: 360-293-1303 ADDRESS: 15844 Yokeko Dr.
Anacortes, Wa 98221
- 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: 11/7/00





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



2001010900466
Skagit County Auditor

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: Cheryl D. Lanier
Notary Public in and for the State of Washington
My appointment expires: 11-15-04

Signed and sworn to before me on this 9 day of January, 2001

Cascade Custom Plumbing, 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.

STATE OF WASHINGTON
County of _____
SS. }

Claimant: Cascade Custom Plumbing
Print or Type Name: Starbird Rd
Address: Wt. Vernan, Wa 98274
Telephone Number: 360-445-4526

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3,735.83
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____