

Return Address:

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



200101090047  
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): Lot 45 Nookachamp Hills Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # P113886

Cascade Custom Plumbing  
Claimant

Traditional Home Construction  
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: 9/27/00
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel L. Boffey
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 45 Nookachamp Hills 17109 Trout Dr. Mt. Vernon
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Daniel L. Boffey  
TELEPHONE NUMBER: 360-422-6805 ADDRESS: 16112 Mountain View Rd  
Mt. Vernon, Wa 98274
- 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: 10/17/00





Claim of Lien

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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 Charles D. Jansen  
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

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.

Cascade Custom Plumbing, 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.

STATE OF WASHINGTON  
County of Skagit  
SS. }

Claimant Cascade Custom Plumbing  
Print or Type Name 3082 Starbird Rd  
Address Wf. Vernon, wa 98274  
Telephone Number 360-445-4526

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3082.29  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: