



200102220045
Skagit County Auditor

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Return Address:

FLOOR SHOW, INC.
81012 S. MARCH POINT
ANACORTES, WA 98021

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) Kim & Camie Nibarger (2) _____ Add'l. on pg _____
Grantee(s) (Claimants): (1) Floor Show, Inc. (2) _____ Add'l. on pg _____
Legal Description (abbreviated): LPT Madrona Anacortes wa 98221 Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account #: 14028 4028-000-037-0009

Floor Show, Inc. Claimant
Kim & Camie Nibarger vs. Name of person indebted to Claimant
SUNSET WEST LOT 37

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: Floor Show - Inc
TELEPHONE NUMBER: 360 293-4328 ADDRESS: 81012 S. March Pt Rd
Anacortes wa 98221
- 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: _____
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Kim & Camie Nibarger
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
14028 179 Madrona
Anacortes, wa 98221
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Kim & Camie Nibarger
TELEPHONE NUMBER: 360 293-2992 ADDRESS: 179 Madrona - Anacortes
wa 98221
14028
- 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: 12-10-98



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1895.40

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

Floor Show, Inc

Claimant M. Frost

Print or Type Name 8112 S. March Point Road

Address Anacortes, WA 98221

(360) 293-4328
Telephone Number

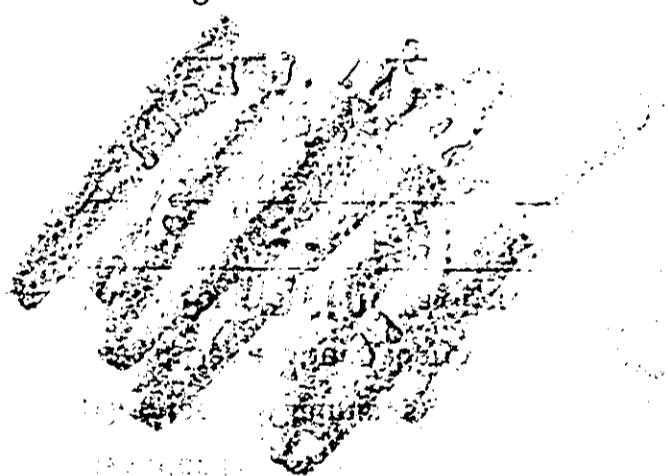
STATE OF WASHINGTON

County of Skagit } SS.

MONICA FROST, 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.

Monica Frost

Signed and sworn to before me on this 22 day of February, 2001.

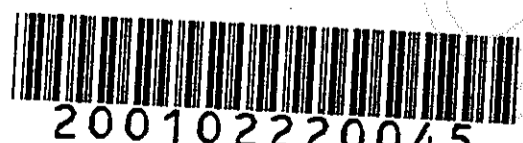


Judy Zavala
Print Name Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-01

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.



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