

UNRECORDED



200106190129
Skagit County Auditor

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Return Address:
Morgan Bartlett
5902 268NW
Stanwood, WA 98292

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)	<u>Christine Woodin</u>	(2) Add'l. on pg
Grantee(s) (Claimants): (1)		(2) Add'l. on pg
Legal Description (abbreviated):	<u>Lot 55 Skagit River Colony</u>	Add'l. legal is on pg
Assessor's Property Tax Parcel /Account #	<u>P64507</u>	

Morgan Bartlett
Claimant
vs.
Christine Woodin
Name of person indebted to Claimant:

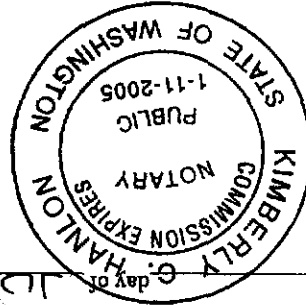
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: Morgan Bartlett
TELEPHONE NUMBER: (360) 629-7319 ADDRESS: 5902 268NW
Stanwood, WA 98292
- 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: 1996
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Christine Woodin
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 55 Skagit River Colony
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):
Christine Woodin TELEPHONE NUMBER:
ADDRESS: 30227 237th Ave SE Maple Valley WA
98038
- 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: May 12, 2001





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 17th day of JUNE 2001
Print Name: Kimberly G. Hanlon
Notary Public in and for the State of WASHINGTON
My appointment expires: 1-11-2005

under penalty of perjury.
correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive
have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and
claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I
being sworn, says: I am the claimant (or attorney of the

JUDICIAL DISTRICT
County of SNOHOMISH
SS.

STATE OF WASHINGTON

Claimant: Morgan Berthoff
Print or Type Name: Spca abnwa
Address: Starwood, Wn 98092
Telephone Number: (360) 629-7319

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$900
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: