



200107300170

Skagit County Auditor

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Return Address:

Brian Tipton Construction
708 Ferry Street
Sedro-Woolley, WA 98284

CLAIM OF LIEN

LAND TITLE COMPANY OF SKAGIT COUNTY

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) Harriet M. Odle (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Brian Tipton (2) DBA Brian Tipton Const. Add'l. on pg _____

Legal Description (abbreviated): Panorama View lots, Lot 1, Blk 1, DK 12 Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # R67754 3965-001-001-0004

Brian Tipton, DBA Brian Tipton Const.
Claimant
vs.
Harriet M. Odle
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: Brian Tipton DBA Brian Tipton Construction
TELEPHONE NUMBER: 360-855-0411 ADDRESS: 708 Ferry Street
Sedro-Woolley, WA 98284
- 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: April 20, 2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Harriet M. Odle
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
21213 Plaza View Drive Sedro-Woolley WA 98284
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Harriet M. Odle
TELEPHONE NUMBER: 310-325-8151 ADDRESS: 2059-264th St.
Lomita, CA 90717-3404
- 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: June 28, 2001



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.

Signed and sworn to before me on this 30th day of July 2001
Print Name Karen
Notary Public in and for the State of Washington
My appointment expires: 3-1-02

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 Skagit
SS. Brian Tipton

Claimant Brian Tipton, dba Brian Tipton Const
Print of Type Name 108 Ferry St
Address Sedro-Woolley, WA 98284
Telephone Number 360-855-0411

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$7,280.60
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes