



200108300160

Skagit County Auditor

8/30/2001 Page 1 of 2 4:10:24PM

Return Address:

Northwest Heavy Equipment Repair, Inc  
4348 Pacific Highway  
Bellingham, WA 98226

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RSW 38.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): \_\_\_\_\_

Grantor(s) (Owner): (1) Bonny Storrs (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimants): (1) Northwest Heavy Equipment Repair, Inc Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): 17103 Colony Rd. Bow, WA 98232 Add'l. legal is on pg \_\_\_\_\_

Assessor's Property Tax Parcel /Account # P48262 / 360325-3-004-0006

Northwest Heavy Equipment Repair, Inc. Claimant  
 vs.  
Alan Hovenden/T Williams LLC  
 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: Northwest Heavy Equipment Repair, Inc  
 TELEPHONE NUMBER: (360) 676-9231 ADDRESS: 4348 Pacific Highway  
Bellingham, WA 98226
- 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: 7-11-01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Alan Hovenden/T Williams LLC
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 17103 Colony Rd Bow, WA 98232  
Sec 25 Twn 36 Rge 3 SW 1/4
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Bonny Storrs  
 TELEPHONE NUMBER: \_\_\_\_\_  
 ADDRESS: PO Box 41 Sedro-Woolley, WA 98284
- 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: 7-13-01



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.



Date this \_\_\_\_\_ day of \_\_\_\_\_, 2001  
Print Name: Shawna L. Odenz  
Notary Public in and for the State of Washington  
My appointment expires: 12-03-01

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

STATE OF WASHINGTON  
County of Whatcom  
Linda Glen  
SS.

Claimant: Linda S. Glen  
Print or Type Name: Linda Glen/Northwest Heavy Equipment Repair, Inc.  
Address: 4348 Pacific Highway, Bellingham, WA 98226  
Telephone Number: (360) 676-9331

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 445.27  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: