



200108300163

Skagit County Auditor

8/30/2001 Page 1 of 2 4:11:06PM

Return Address:

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

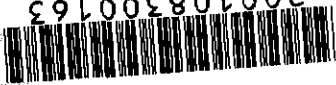
### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): _____		
Grantor(s) (Owner): (1) <u>John or Sharon Lofton</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>Northwest Heavy Equipment Repair, Inc</u>		Add'l. on pg _____
Legal Description (abbreviated): <u>24168 Mahonia Ln. Mt. Vernon, WA 98273</u> Add'l. legal is on pg _____		
Assessor's Property Tax Parcel /Account # <u>P115691 / 4135-008-006-0000</u>		

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) 676-4331 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: 6-21-01
- 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): 24168 Mahonia Ln Mt Vernon, WA 98273  
P115691  
Sec 6 Twn 33 Rge 5 NW 1/4
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John & Sharon Lofton  
24168 Mahonia Ln TELEPHONE NUMBER: \_\_\_\_\_  
ADDRESS: Mt. Vernon, WA 98273
- 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: 6-22-01



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 3rd day of July, 2001  
Print Name Shawnna Gooden  
Notary Public in and for the State of Washington  
My appointment expires: 12-09-01

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 Whatcom  
Linda Green  
SS.

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 468.98  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: