



200108310076

Skagit County Auditor

8/31/2001 Page 1 of 2 11:17:47AM

Return Address:

James B. Scott
3601 West 5th Street
ANACORTES, WA 98221

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) KELLY J. COOK (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) James B. Scott (2) _____ Add'l. on pg _____

Legal Description (abbreviated): 518 2nd ST, LA CONNER, WA Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P74090/4123-021-006-0004

James B. Scott

Claimant
vs.

Kelly J. Cook

Name of person indebted to Claimant

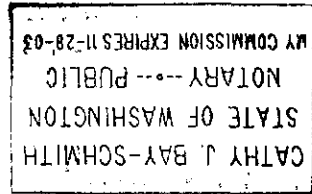
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: James B. Scott
TELEPHONE NUMBER: 360-298-6044 ADDRESS: 3601 W. 5th ST
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: 6/14/01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Kelly J. Cook
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 518 2nd ST,
La Conner, WA
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Kelly J. Cook
TELEPHONE NUMBER: 360-466-3749 ADDRESS: 518 2nd Street
- 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: 6/21/01





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.



Print Name: Cathy J. Bay-Schmith
Notary Public in and for the State of Washington
My appointment expires: 11-28-03

Date this 31st day of August 2001
I, James B. Scott, 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
James B. Scott
SS.

Claimant: James B. Scott
Print or Type Name: 3601 West 5th Street
Address: ANACORTES, WA 98021
Telephone Number: 360-293-6044

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$305.20
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: