



200109190046

, Skagit County Auditor

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Return Address:

Diane Johnson
PO Box 601
Clearlake, WA 98235

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) Loren & Karen Bernhardt Add'l. on pg _____

Grantee(s) (Claimants): (1) Diane M. Johnson (2) _____ Add'l. on pg _____

Legal Description (abbreviated): Sedro Lot 18, Bk 7 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P75337/4149-007-018-0009

Diane M. Johnson

Claimant

vs.

Loren Bernhardt

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: Diane M. Johnson
TELEPHONE NUMBER: 856-2608 ADDRESS: 12941 Maple Ave
Clearlake, WA 98235
- 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: 7/14/2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Loren Bernhardt
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
806 Jameson Street, Sedro Woolley, WA 98284
P75337/4149-007-018-0009
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Loren Bernhardt
TELEPHONE NUMBER: 770/3656 ADDRESS: 806 Jameson Street
Sedro Woolley, WA
- 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: 9/18/2001



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Claim of Lien
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM



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 Kim Walley
Notary Public in and for the State of Washington
My appointment expires: 10-04-04

KIM WALLEY
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES 10-04-04

Signed and sworn to before me on this 18 day of September, 2001.

Diane M. Johnson, 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.

Claimant Diane M. Johnson
Print or Type Name 12941 Maple Ave
Address Clearlake, WA 98235
Telephone Number 360) 856-2608

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$4,500.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: [Signature]

THANK YOU FOR YOUR BUSINESS