

Return Address:

ALPINE VILLAGE CONST I
11319 HOMESTEAD RD ARL WA
98223

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) _____ (2) _____ Add'l. on pg. _____

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

Legal Description (abbreviated): SEC. 30 TOWNSHIP 33N RANG 5 E Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P18298

ALPINE VILLAGE CONST I
 Claimant
 vs.
LEIF ERIKSON REC ASSN I
 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: ALPINE VILLAGE CONST I
 TELEPHONE NUMBER: 360 435 3169 ADDRESS: 11319 HOMESTEAD RD ARL WA 98223
- 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: AUGUST 6 2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: LEIF ERIKSON REC ASSN I
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): LOT 151 22128 STATE ROUTE 9 MOUNT VERNON WA 98273
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): LEIF ERIKSON
 TELEPHONE NUMBER: _____ ADDRESS: PO BOX 33961 SEATTLE WA 98133
- 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: AUGUST 15 2001





Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

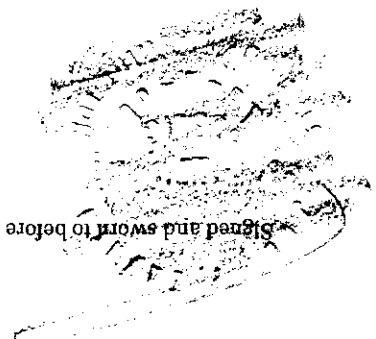
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Skagit County Auditor



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: Janey Zavaia
Notary Public in and for the State of WA
My appointment expires: 10-01



Signed and sworn to before me on this 18 day of October 2001
Janey Zavaia
under penalty of perjury.
I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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

ALPINE VILLAGE CONST. I
STATE OF WASHINGTON }
County of SKAGIT }
SS.

Claimant: ALPINE VILLAGE CONST. I
Address: 11319 HOBSTED RD
APT 409 98435
Telephone Number: 360 435 3169

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2850.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____