

200111070117
Skagit County Auditor
11/7/2001 Page 1 of 2 12:31:01PM

Return Address:

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): Lt 24 Hillcrest Estates Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P 95725

THORNTON ELECTRIC }
Claimant
vs.
KIMBERLEE A. WALKER }
Name of person indebted to Claimant

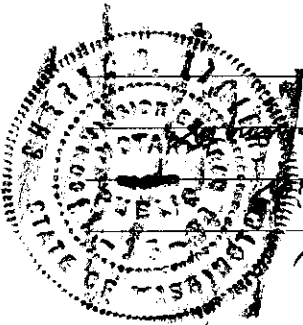
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: THORNTON ELECTRIC
TELEPHONE NUMBER: 360-428-0417 ADDRESS: 16615 Mclean Rd
Mt. Vernon WA 98273
2. 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: 7-11-2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: KIMBERLEE A. WALKER
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1911 FOWLER PL
MT. VERNON WA, 98273 HILLCREST ESTATES LOT 24
ACRES 0.20
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): KIMBERLEE A. WALKER
TELEPHONE NUMBER: 425-771-7659 ADDRESS: 19214 40th AVE W.
LYNNWOOD WA, 98036
6. 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: 8-17-2001





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 George D. Janner
Notary Public in and for the State of Washington
My appointment expires: 11/15/2004

Signed and sworn to before me on this 7 day of November, 2001

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.

Bernie Thornton

STATE OF WASHINGTON
County of Skagit
SS. }

Claimant
Print of Type Name THORNTON, BERNIE
Address 16615 McLean Rd MIVERNON WA 98273
Telephone Number 360-428-0417

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2,342.27
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A