



200112310197  
Skagit County Auditor

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Return Address:

Skagit City turf farms, Inc  
18609 Dike Rd  
Mt Vernon, WA 98273

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 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): Lot 10 Unit 10A Alpine Fairway Villa PHV Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # P113996

Skagit City turf farms, Inc. }  
 Claimant  
 vs.  
 E ABLE LANDSCAPE DESIGN }  
 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: Skagit City turf farms, Inc.  
 TELEPHONE NUMBER: 424-9840 ADDRESS: 18609 DIKE 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: 10-30-01
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TIU KAFDA
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
1401 Alpineview Pl Eaglemont  
MT VERNON WA 98274
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):  
 TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: Unknown
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: 10-30-01



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 218.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

Steve Smith  
Claimant  
Steve Smith  
Print or Type Name  
18609 DIKE Rd  
Address  
MT VERNON, WA 98273  
360-424-9040  
Telephone Number

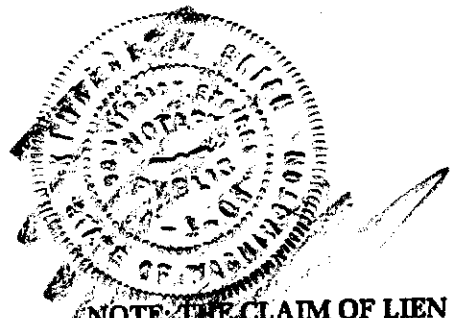
STATE OF WASHINGTON

County of Skagit }  
Steve Smith }  
SS.

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.

Date this 11 day of December 2001

Kimberly J Green  
Print Name  
Kimberly J Green  
Notary Public in and for the State of Washington  
My appointment expires: 4-01-03



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.

