



200201110250
Skagit County Auditor

1/11/2002 Page 1 of 2 3:35PM

Return Address:

BRIAN TIPTON CONSTRUCTION
708 FERRY ST.
SEDRO WOOLLEY, WA 98284

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) <u>JEREMY J. HOYLE</u>	(2) <u>CARRIE HOYLE</u>	Add'l. on pg. _____
Grantee(s) (Claimants): (1) <u>BRIAN TIPTON</u>	(2) <u>DBA BRIAN TIPTON CONST.</u>	Add'l. on pg. _____
Legal Description (abbreviated): <u>MOUNT BORNE, BK 38, LOT 9 THROUGH 12</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P 24651</u>		

BRIAN TIPTON, DBA BRIAN TIPTON CONST.
Claimant
vs.
JEREMY J. HOYLE & CARRIE HOYLE
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: BRIAN TIPTON, DBA BRIAN TIPTON CONSTRUCTION
TELEPHONE NUMBER 360 8550411 ADDRESS: 708 FERRY STREET
SEDRO WOOLLEY, WA 98284
- 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: JANUARY 12, 2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: JEREMY & CARRIE HOYLE
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
18070 STATE ROUTE 9, MT. VERNON, SKAGIT COUNTY
WA 98273
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"); JEREMY HOYLE
TELEPHONE NUMBER 360 422-0441 ADDRESS: 18070 STATE RTE 9
MT. VERNON, WA 98273
- 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: OCTOBER 1, 2001





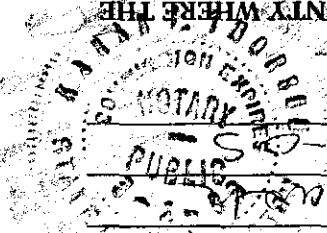
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM



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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.



My appointment expires: _____

Notary Public in and for the State of _____

Print Name Karen Thorsen

Karen Thorsen

Signed and sworn to before me on this 11 day of Jan 2002

I am the claimant (or attorney, being sworn, says: I am the claimant 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.

Brian Tipton

STATE OF WASHINGTON }
County of Shrewsbury }
SS.

Claimant Brian Tipton, aka Brian Tipton Const.
Print or Type Name 708 Ferry St.
Address SEDRD WOODWAY, WA 98284
Telephone Number 360 855 0411

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$5,153.71