

UNRECORDED



200406110120
Skagit County Auditor

6/11/2004 Page 1 of 2 3:18PM

Return Address:
James B. Scott
3601 West 5th Street
ANACORTES, WA 98221

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

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

Legal Description (abbreviated): SE 1/4, SE 1/4, Sec. 27, T35N, R1E, W. 1/4 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account #: 61870

James B. Scott } Claimant
 vs. }
Bill Obrock }
 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: James B. Scott
 TELEPHONE NUMBER: 360-293-6099 ADDRESS: 3601 West 5th St
ANACORTES, WA 98221
- 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: 1/30/04
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Bill Obrock
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): P# 61870
SE 1/4 SE 1/4 Sec. 27, T35N, R1E, W. 1/4,
3858-000-060-0100
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Bill Obrock
 TELEPHONE NUMBER: 360-299-8331 ADDRESS: 1015 14th Street
ANACORTES, WA 98221
- 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: 3/23/04

UNRECORDED

Skagit County Auditor

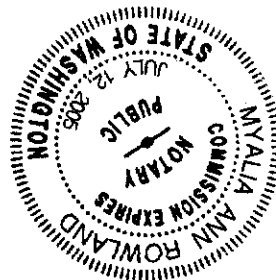
200406110120



Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98
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.



My appointment expires: July 12, 2006
Notary Public in and for the State of Washington
Print Name: Myra Ann Rowland

Signed and sworn to before me on this 11 day of June 2004

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. James B. Scott

Claimant James B. Scott
Print or Type Name 3601 West 5th St
Address ANNEBORO, WA
360-393-6019
Telephone Number

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$498,84

TEMPORARILY OFF