200503280130
Skagit County Auditor
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Return Address:
ALLEN D. ELLIOTT
P.O. BOX 743
LA CONNER, WA., 98257

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) MICHAEL ALVORD (2) PAMELA ALVORD Add'l. on pg ___
Grantee(s) (Claimant): (1) ALLEN D. ELLIOTT (2) _____ Add'l. on pg ___
Legal Description (Abbreviated): PTN NW1/4 SW1/4 SEC. 27, TWN 37 Add'l. legal is on page 2
Assessor's Property Tax Parcel/Account Number: 340227-0-023-0109, 340211-0-024-0009, 3812-000-098-0004

ALLEN D. ELLIOTT
Claimant
vs.
MICHAEL & PAMELA ALVORD
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: ALLEN D. ELLIOTT
TELEPHONE NUMBER: 360.466.4461 ADDRESS: P.O. BOX 743, LA CONNER, WA., 98257

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: BEGAN SEPTEMBER 24, 2004

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MICHAEL & PAMELA ALVORD

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 16735 CHILBERG AVE., LA CONNER, WA.

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): MICHAEL & PAMELA ALVORD
TELEPHONE NUMBER: 360.466.3447 ADDRESS: P.O. BOX 399, LA CONNER, WA., 98257

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: LATEST DATE OF SERVICE - MARCH 16, 2005

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $5,141.88

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

ALLEN D. ELLIOTT
Claimant
ALLEN D. ELLIOTT
Print or Type Name
P.O. BOX 743
Address
LA CONNER, WA., 98257
360.466.4461
Telephone Number

STATE OF WASHINGTON }
} SS.
County of SKAGIT }

ALLEN D. ELLIOTT, 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.

Signed and sworn to before me on this 28th day of March, 2005.

Notary Public
State of Washington
MARELLA D. DUBUQUE
MY COMMISSION EXPIRES
JUNE 1, 2007

Marella D. Dubuque
Print Name MARELLA D. DUBUQUE
Notary Public in and for the State of Washington
My appointment expires: 6-1-07

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.

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