



200605220005
Skagit County Auditor

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Return Address:

James B. Scott
3601 West 5th St
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) <u>Ben Skont</u>	(2) <u>DOROTHY SHORT</u>	Add'l. on pg. _____
Grantee(s) (Claimants): (1) <u>James B. Scott</u>	(2) _____	Add'l. on pg. _____
Legal Description (abbreviated): <u>4404 Marina Halslets Way, Sec 4, T27, R35</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # _____		

James B. Scott } Claimant
 vs.
Ben Skont }
 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 (J.B. Scott & Assoc.)
 TELEPHONE NUMBER: 360-293-6049 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: 4/18/06
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ben Skont
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot located at
4404 Marina Halslets Way, P111742, 04 Sec. 27, T35
R01
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Ben Skont
 TELEPHONE NUMBER: _____ ADDRESS: 4404 Marina Halslets Way
ANACORTE, 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: 5/5/06





Claim of Lien
Washington Legal Blank, Inc., Issued in WA Form No. 90 10/98

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

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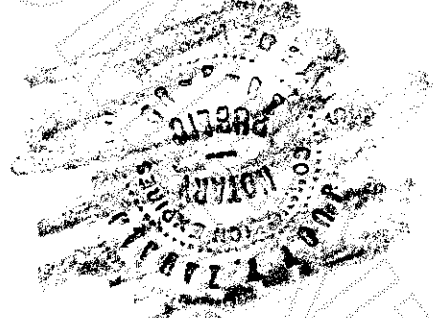
NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

Signed and sworn to before me on this 22 day of May 2008
Print Name James B. Scott
Notary Public in and for the State of WA
My appointment expires: 10-1-09

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.

James B. Scott

STATE OF WASHINGTON
County of Skagit
SS. }



Claimant James B. Scott
3601 West 5th St
Print or Type Name
ANACOSTES WA 98221
Address
360-293-6049
Telephone Number

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 332.00 + 33.00 = 365.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: