



200910210055

Skagit County Auditor

10/21/2009 Page 1 of 2 3:25PM

After recording, return to (Name, Address, Zip):

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): ~~Barbra Snell~~ Barbra Snell
Grantee (Claimant): ~~Barbra Snell~~ Bob Halverson
Abbreviated Legal Description: S 840 FT. NW 1/4 NE 1/4 & GOV LT 1 LY WLY SK RIV Q/S #6 AF #
Assessor's Property Tax Parcel or Account No: P41828 / P41850 9009030002
Reference No(s) of Related Documents: 1991

Bob Halverson

Claimant,
vs. Barbra Snell

Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

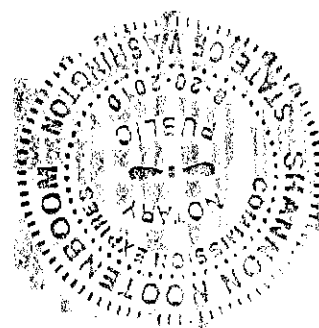
- Name of Lien Claimant: Bob Halverson
Telephone Number: (360) 708 1024 Address: 33190 Cockerham Island Rd Sedro-Woolley WA 98284
- Date on which the Claimant began to perform labor, provide professional services, supply material or equipment or the date on which employee benefit contributions became due: 5-1-09
- Name of person indebted to the Claimant: Barbra Snell
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): House, buildings and acreage located at 33190 Cockerham Island Rd Sedro-Woolley WA 98284
- Name of the owner or reputed owner (If not known state "unknown"): Barbra Snell
- The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: 10-10-09

(OVER)



Skagit County Auditor

200910210055



My appointment expires 08/20/2010
Notary Public for Washington
Shannon Woodhenson

SIGNED AND SWORN TO before me on October 21, 2009

[Handwritten Signature]

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.

Bob Ann Halverson

STATE OF WASHINGTON, County of Skagit ss.

CLAIMANT'S NAME (TYPED OR PRINTED) Bob Halverson
STREET ADDRESS 33190 Cockerham Island Rd
CITY STATE ZIP Sedro-Woolley WA 98284
PHONE (360) 708-1024

CLAIMANT *[Handwritten Signature]*
[Handwritten Signature]

7. Principal amount for which the lien is claimed is: 7,205.53

8. If the Claimant is the assignee of this claim so state here: Yes

TEMPORARILY OFFLINE