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SKAGIT

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Return Address:

SKAGIT CITY TURF FARMS INC
1861 Dike Rd
Mount Vernon, WA 98273

RECORDED & INDEXED

9901200029

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 60.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg _____

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

Legal Description (abbreviated): 7-36-4 Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # P490416 / 3160407-2-0216-0003

Skagit City Turf Farms, Inc Claimant
 vs.
Jeff Newman Construction 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: Skagit City Turf Farms, Inc.
 TELEPHONE NUMBER: 360-424-9600 ADDRESS: 18609 Dike Rd Mount Vernon, WA 98273
- 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: 10-31-98
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Jeff Newman Contractor
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1215 Old Hwy 99 North, Bellingham, WA 98226
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): UNKNOWN
 TELEPHONE NUMBER: _____ ADDRESS: _____
- 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: 10-31-98



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

9901200029

BK 930 PG 0646

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1380.10
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

X. Steve Smith
Claimant
STEVE SMITH
Print or Type Name
18609 Dike Rd
Address
Mt. Vernon, WA 98273
360-424-9040
Telephone Number

STATE OF WASHINGTON

County of Snohomish } SS.

Steve M. Smith 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.

Date this 15th day of January, 1999.

Lisa Bradshaw
Print Name Lisa Bradshaw
Notary Public in and for the State of Washington
My appointment expires: 5-1-02

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.