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KATHY HILL
SKAGIT COUNTY AUDITOR

'99 FEB 19 A9:33

RECORDED____FILED____
REQUEST OF_____

**Return Address:**

Visiting Nurse Personal Services
600 Birchwood #100
Bellingham, WA 98225

# CLAIM OF LIEN

9902190035

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): 585111S
Grantor(s) (Owner): (1) Elaine Felt (2) _____ Add'l. on pg___
Grantee(s) (Claimants): (1) Visiting Nurse Personal Services (2) _____ Add'l. on pg___
Legal Description (abbreviated): 16843 Kamb Rd. Mt. Vernon, WA Add'l. legal is on page___
Assessor's Property Tax Parcel /Account # P103453

Visiting Nurse Personal Personal Services
Claimant
vs.
Elaine Felt
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: Visiting Nurse Personal Services
TELEPHONE NUMBER: (360) 734-9662 ADDRESS: 600 Birchwood #100
Bellingham, WA 98225

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: January 28, 1999

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Elaine Felt

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
16843 Kamb Rd. Mt. Vernon, WA

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Elaine Felt
TELEPHONE NUMBER: _____ ADDRESS: 16843 Kamb Rd.
Mt. Vernon, WA

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: December 15, 1998



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[redacted]

[redacted]

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $3,038.51

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

Visiting Nurse Personal Services
Claimant

Print or Type Name
600 Birchwood #100
Address
Bellingham, WA 98225

(360) 734-9662
Telephone Number

STATE OF WASHINGTON
} SS.
County of SKAGIT

JULIE COFFEY (VNPS), 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.

Julie Coffey

Date this 19th day of February 1999.

Jean Terry

Print Name Jean Terry

Notary Public in and for the State of WA

My appointment expires: 4-7-2001

JEAN TERRY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 4-7-2001

**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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