

Return Address:

990.1290154

SP

DONNA HASBROUCK

1059 Baker View Road

Lopez Island, WA 98261

99 APR 29 P4:27

FILED
REQUEST OF

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) PATRICIA HESS and (2) David Hess Family Trust Add'l. on pg

Grantee(s) (Claimants): (1) HASBROUCK, DONNA (2) Add'l. on pg

Legal Description (abbreviated): NWNW Add'l. legal is on page

Assessor's Property Tax Parcel /Account # P-47714

Donna Hasbrouck

Claimant

David and Patricia Hess

vs.

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: DONNA HASBROUCK
TELEPHONE NUMBER: 360-463-4226 ADDRESS: 1059 Baker View Rd
Lopez Island, WA 98261
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: MARCH - 1998
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Patricia & David Hess
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
1043 CHUCKANUT RIDGE ROAD - BON, WASH
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
TELEPHONE NUMBER: 360-766-7051 ADDRESS: 1043 CHUCKANUT RIDGE RD.
BON, 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: February, 1999



Claim of Lien

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

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:

\$ 2720.00
Two thousand seven hundred twenty.

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

Donna Joy Hasbrouck
Claimant
DONNA Joy HASBROUCK
Print or Type Name

Address
1059 Bakeview Rd.
Lopez Island, WA 98261
Telephone Number
360-468-4226
" 435-8284

STATE OF WASHINGTON

SS.

County of SKAGIT

DONNA JOY HASBROUCK, 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.

Donna J. Hasbrouck

Date this 20th day of April 1999.

Print Name

Notary Public in and for the State of

My appointment expires:

WA

10-1-01

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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