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KATHY HILL
SKAGIT COUNTY ASSESSOR

99 MAY 27 10:43

AFTER RECORDING RETURN TO:

RECORDED _____ FILED _____
REQUEST OF _____

LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206

9905270034

CLAIM OF LIEN

KNUTSON & SONS, INC)
Claimant.)
VS)
JOE ENGBERG)
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: KNUTSON & SONS, INC
TELEPHONE NUMBER: 360-766-6203
ADDRESS: 13934 BISQUET RIDGE LN, BOW, WA 98232

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: NOVEMBER 10, 1998

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOE ENGBERG, 18006 S.R. 9, MOUNT VERNON, WA 98274

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 302 N CENTRAL, SEDRO WOOLLEY, WASHINGTON
LEGAL DESCRIPTION: LOT 12, BLOCK 2, ROSEDALE GARDEN TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 52, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P76901.

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): JOSEPH W ENGBERG, 18006 SR 9, MT. VERNON, WA 98274

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: APRIL 9 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$11,268.66, PLUS \$90.00 LIEN FEES, (TOTAL \$11,358.66), PLUS INTEREST.

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

Kristal Carlson
For KNUTSON & SONS, INC, Claimant

13934 BISQUET RIDGE LN
BOW, WA 98232
360-766-6203
(Phone Number, Address, City/State of Claimant)

9905270034

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

KRYSTAL CARLSON, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

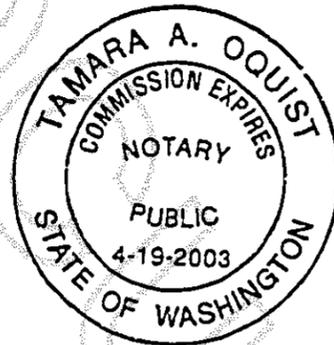
Krystal Carlson

On this day personally appeared before me, KRYSTAL CARLSON, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 24 day of May, 1999.

Tamara A. Oquist
PRINTED NAME: TAMARA A. OQUIST
NOTARY PUBLIC
in and for the State of Washington.
Residing in: ARLINGTON.
My commission expires: 4-19-2003

order #050722, dated: 5-19-99



9905270034

BK 1996 PG 0527