

KATHY HILL
SKAGIT COUNTY RECORDER

Return Address:

Doug Van De Grift Const.
P.O. Box 581
Clear Lake WA 98235

99 JUN -1 AM 11:11

RECORDED _____ FILED _____
REQUEST OF _____

9906010013

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) John Muckeloy (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Doug Van De Grift Const. (2) _____ Add'l. on pg _____

Legal Description (abbreviated): 500 North Oak St Burlington WA Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 076-007-009-0106 (871320)

Doug Van De Grift Const. } Claimant
vs. }
John Muckeloy }
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: Doug Van De Grift Const.
TELEPHONE NUMBER: 360-256-1441 ADDRESS: P.O. Box 581 Clear Lake WA 98235
- 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: Feb - 1994
- NAME OF PERSON INDEBTED TO THE CLAIMANT: John Muckeloy
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 500 North Oak St Burlington WA 98233
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):
TELEPHONE NUMBER: 360-422-6010 ADDRESS: 14764 Blackberry Ln MT Vernon - 98274
- 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: march - 25 - 99

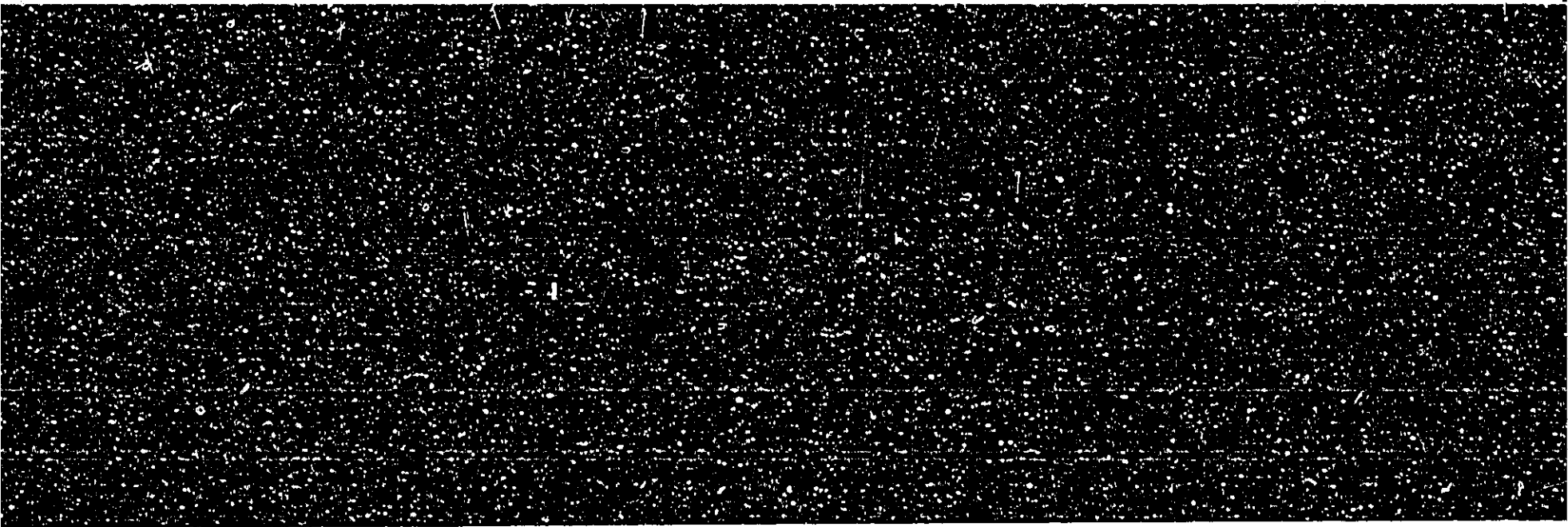


Claim of Lien
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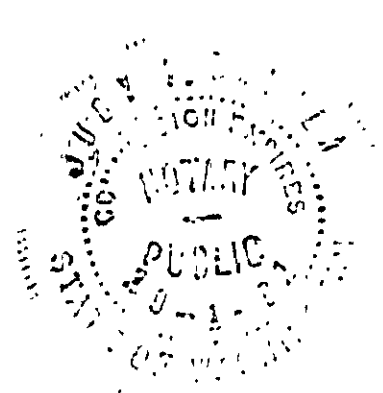
9906010013

BK 1998 PG 0521



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 17,170⁰⁰

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



Doug Van De Grift
Claimant

Doug Van De Grift
Print or Type Name

P.O. Box 581 Clear Lake WA 98235
Address

360-556-1441
Telephone Number

STATE OF WASHINGTON

County of King

} SS.

Doug Van De Grift, 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.

Doug Van De Grift

Signed and sworn to before me on this 1 day of June, 1999.

Michael J. Zwick
Print Name

Notary Public in and for the State of WA

My appointment expires: 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.

