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KATHY HILL
SKAGIT COUNTY AUDITOR

'99 JUN -7 A11 :12

RECORDED___FILED___
REQUEST OF___

AFTER RECORDING RETURN TO:

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

9906070077

CLAIM OF LIEN

SPANGLER GUTTERS)
Claimant.)
VS)
JAMES GILLOGLY)
(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: SPANGLER GUTTERS
TELEPHONE NUMBER: 425-334-2224
ADDRESS: 5411 87TH AVE NE, EVERETT, WA 98205

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: FEBRUARY 4, 1999

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JAMES GILLOGLY, P.O. BOX 534, SEDRO WOOLLEY, WA 98284

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 24502 WICKER RD, SEDRO WOOLLEY, WASHINGTON
LEGAL DESCRIPTION: TAXLOT 6B, LOT 1, DEITERS ACREAGE, LESS THE WEST 30 FEET & LESS THE EAST 140 FEET LESS THE SOUTH 145 FEET.
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P64930.

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): JAMES R GILLOGLY, P.O. BOX 534, SEDRO WOOLLEY, WA 98284

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 5, 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: $757.00, PLUS $220.00 LIEN FEES, (TOTAL $977.00), PLUS INTEREST.

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

For SPANGLER GUTTERS, Claimant

5411 87TH AVE NE
EVERETT, WA 98205
425-334-2224
(Phone Number, Address, City/State of Claimant)

9906070077

BK2001PG0334

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

KARYN OQUIST, 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.

Karyn Oquist

On this day personally appeared before me, KARYN OQUIST, 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 3 day of June, 1999.

David Elliott

PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: MOUNTLAKE TERRACE.
My commission expires: 1-30-2002

order #051165, dated: 5-27-99

DAVID ELLIOTT
COMMISSION EXPIRES
NOTARY
PUBLIC
1-30-2002
STATE OF WASHINGTON

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