

9906110006

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KATHY HILL
SKAGIT COUNTY RECORDER

Return Address:

AFFORDABLE WATER SYSTEMS
14021 BRADSHAW RD
MTVERNON WA 98273

99 JUN 11 09:27

RECORDED _____ FILED _____
REQUEST OF _____

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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) _____	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) _____	(2) _____	Add'l. on pg _____
Legal Description (abbreviated): _____		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # _____		

AFFORDABLE WATER SYSTEMS
Claimant
vs.
Kevin McCallum
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: AFFORDABLE WATER SYSTEMS
TELEPHONE NUMBER: 360 424 7444 ADDRESS: 14021 BRADSHAW RD
MTVERNON WA 98273
- 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: 2 Feb 99
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Kevin McCallum
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): LOT 21 OF RUSTIC RANCHETTE
TX # 3988-000-021-0005 Prop # 0 68601
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Rodney Viccaro
TELEPHONE NUMBER: _____ ADDRESS: 624 N. STATE ST. APT A
BELLEVUE
- 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: MAR 16th 1999

9906110006

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 835.45
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Greg Halverson
Claimant
Greg Halverson
Print or Type Name
14021 BRADSHAW RD
Address
Mt Vernon WA 98223
4247444
Telephone Number

STATE OF WASHINGTON }
County of Snohomish } SS.

Greg Halverson 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.

Greg Halverson

Signed and sworn to before me on this 11th day of June, 1999.

Judy Y Zaraba
Print Name Judy Y Zaraba
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.

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