

UNOFFICIAL DOCUMENT

KATHY HILL
SKAGIT COUNTY AUDITOR

99 JUN 24 P2:38

Return Address:

Environmental Abatement Svc
PO Box 375 / 712 Spruce St
Burlington, WA 98233

RECORDED _____ FILED _____
REQUEST OF _____

9906240107

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/07: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) Anacortes School District 103 Add'l. on pg _____

Grantee(s) (Claimants): (1) Environmental Abatement Services Add'l. on pg _____

Legal Description (abbreviated): Anacortes Middle School Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P31758

Environmental Abatement Service
Claimant

Levernier Construction, Inc
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: Environmental Abatement Service
TELEPHONE NUMBER: (360) 755-1055 ADDRESS: PO Box 375 / 712 Spruce St
Burlington, WA 98233
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: 3/15/99
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Levernier Construction, Inc
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Anacortes Middle School, 22 & M Streets, Anacortes, WA 98221
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Anacortes School District 103
TELEPHONE NUMBER: (360) 293-1200 ADDRESS: 22nd & M Streets
Anacortes, WA 98221
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: 3/26/99

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 29,612⁶⁵/₁₀₀
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Environmental Abatement Svc
 PO Box 375 / 712 Spruce St
 Burlington, WA 98233

(360) 755-1085
 Telephone Number

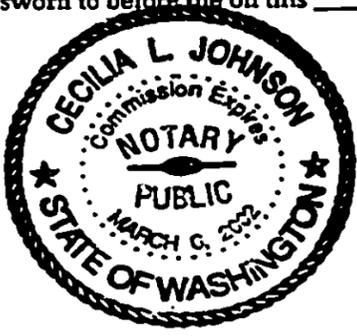
STATE OF WASHINGTON

County of Skagit } ss.

Edith M Vestey, 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.

Edith M Vestey

Signed and sworn to before me on this 24th day of June, 1999.



Cecilia L Johnson
 Print Name CECILIA L JOHNSON
 Notary Public in and for the State of Washington
 My appointment expires: 03.06.02

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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