Return Address:
B.A. VanDeGrift, Inc.
24944 Benham Road
Mount Vernon, WA 98273

199908200234
Kathy Hill, Skagit County Auditor
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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 # P112980 Tax # 4714-000-006-0000

B.A. VanDeGrift, Inc.
Claimant
vs.
Shelter Cove Construction
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: B.A. VanDeGrift Inc. TELEPHONE NUMBER: 360 856-1411 ADDRESS: 24944 Benham Road Mount Vernon, WA 98273

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: 5/13/99

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Shelter Cove Construction

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 20382 Christie Pl. Burlington Lot #10

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Shelter Cove Const TELEPHONE NUMBER: 425 485-3554 ADDRESS: 14007 NE 101 Street A204 Woodinville, WA 98072

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: 6/11/99

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1570.25

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

Rose Engle

Claimant

Rose Engle | B.A. VanDeGeift, Inc.

Print or Type Name

24944 Benham Road

Address

Mount Vernon, WA 98273

(360) 856-1441

Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

Rose Engle, 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.

Rose Engle

Signed and sworn to before me on this 20th day of August, 1999.

CASANDRA B. ROBERTS
COMMISSION EXPIRES
NOTARY
PUBLIC
6-1-2001
STATE OF WASHINGTON

Casandra B. Roberts

Print Name Casandra B. Roberts

Notary Public in and for the State of WA

My appointment expires: 6-01-01

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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