

199908200237

Kathy Hill, Skagit County Auditor
8/20/1999 Page 1 of 2 3:46:59PM

Return Address:

B.A. Van De Grift, Inc.
24944 Benham Road
Mount Vernon, WA 98273

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 # <u>P108318 tax # 46666-000-015-000</u>		

B.A. Van De Grift, 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:

- NAME OF LIEN CLAIMANT: B.A. Van De Grift, Inc.
TELEPHONE NUMBER: 856-1441 ADDRESS: 24944 Benham Road
Mount Vernon, 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: 3/25/99
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Shelter Cove Construction
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 31008 Seneca Dr
Mount Vernon Lot #15 Permit #14721
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Shelter Cove Const. Blandt-Rack
TELEPHONE NUMBER: 425-485-3554 ADDRESS: 14207 NE 181 Street Asot Colp.
Woodinville, WA 98072 14309 Woodinville Duval
- 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: 6/18/99



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Claim of Lien



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.



Print Name Casandra B. Roberts
Notary Public in and for the State of WA
My appointment expires: 6-01-01

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

_____, 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.

STATE OF WASHINGTON
County of Skagit
SS. Joel Engle

Claimant Joel Engle/B.A. Van Der Grint, Inc.
Print or Type Name 24944 Benham Road
Address Mount Vernon, WA 98273
Telephone Number (360) 950-1441

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 4287.04
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____