

Return Address:

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



199908200241
Kathy Hill, Skagit County Auditor
8/20/1999 Page 1 of 2 3:48:25PM

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 # P112946 tax # 4714-000-002-0000

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:

1. NAME OF LIEN CLAIMANT: B.A. Van De Grift, Inc.
TELEPHONE NUMBER: 360-850-1441 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: 5/18/99
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): 203A3 Christie Pl.
Duellington Lot # 2
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Shelter Cove Const.
TELEPHONE NUMBER: 425-485-3654 ADDRESS: 14007 NE 181 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: 10/14/99



Claim of Lien

Page 1 of 2

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

www.walegalblank.com

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1922.54

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

Claimant Rose Engle / B.A. Wohlschlag, Inc.
Print or Type Name 4444 Benham Road
Address Mount Vernon, WA 98273
Telephone Number (206) 850-1441

STATE OF WASHINGTON
County of Skaagit
SS. }

_____, 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.

Signed and sworn to before me on this 28th day of AUGUST, 1999

Print Name Cassandra 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.

