



199910060054

Kathy Hill, Skagit County Auditor

10/6/1999 Page 1 of 2 12:12:02PM

Return Address:

John Nilson
12820 SE 17th
Boring OR 97009

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>257254</u>		

John A Nilson
Claimant
vs.
Westside Building Supply
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:

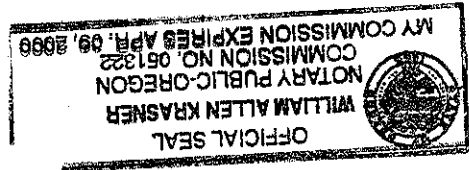
- NAME OF LIEN CLAIMANT: John A Nilson
TELEPHONE NUMBER: 503 658-6312 ADDRESS: 12820 SE 17th, BORING, OR 97009
- DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 5-27-99
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Westside Bldg Supply
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): San Diego Apts, 808 25th St, Anacortes Wash
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): UNKNOWN
TELEPHONE NUMBER: _____ ADDRESS: _____
- 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: 7-9-99





10/6/1999 Page 2 of 2 12:12:02PM
Kathy Hill, Skagit County Auditor
199910060054

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 William Allen Krasner
Notary Public in and for the State of Oregon
My appointment expires: April 9, 2009

Signed and sworn to before me on this 4th day of October 1999

* John A. Nilsen
being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

Claimant John A. Nilsen
Print or Type Name John A. Nilsen
Address Boring, OR 97009
503/658-6312
Telephone Number

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 8000.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: