

Return Address:

Berentson Plumbing
PO Box 635
Burlington, WA 98233

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 # P95874

Berentson Inc }
Claimant }
vs. }
Charlie Gliege }
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: Dave Berentson DBA Berentson Inc
TELEPHONE NUMBER: 360 757-2207 ADDRESS: PO Box 635
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: 3/26/99
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Charlie Gliege
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 23 Bayhill
sub division Burlington, WA 12215 Bayhill Dr. Burlington
WA
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Charlie Gliege
TELEPHONE NUMBER: 360 757 7168 ADDRESS: 12215 Bayhill Dr.
Burlington, WA 98233
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: 8/19/99





11/3/1999 Page 2 of 2 11:21:58AM
Kathy Hill, Skagit County Auditor
199911030047

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.

Signed and sworn to before me on this 3rd day of November, 1999.
Print Name Judith E. Zavalta
Notary Public in and for the State of WA
My appointment expires: 10-1-01

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.
David E. Borenstein

STATE OF WASHINGTON
County of Skagit
SS. }

Claimant David E. Borenstein
Print or Type Name David E. Borenstein
Address 1180 Walker Rd Mt Vernon
Telephone Number 360 957-4339

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2387.99
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____