Return Address:

DAHLMAN PUMP & WELL DRILLING INC
P O BOX 422
BURLINGTON WA 98233

199911160040
Kathy Hill, Skagit County Auditor
11/16/1999 Page 1 of 2 11:22:23AM

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) CURT TRONSDAL (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) DAHLMAN PUMP & WELL DRILLING INC (2) _____ Add'l. on pg___

Legal Description (abbreviated): NE¼ NE¼ S31 T33 R4E Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P17556 / 330431-1-003-0005

DAHLMAN PUMP & WELL DRILLING INC
Claimant
vs.
CURT TRONSDAL
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: DAHLMAN PUMP & WELL DRILLING INC
TELEPHONE NUMBER: 360-757-6666 ADDRESS: P O BOX 422
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: OCTOBER 15, 1999

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CURT TRONSDAL

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
18662 MILLTOWN ROAD, CONWAY, WA
NE¼NE¼ S31 T33 R4E P17556 330431-1-003-0005

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): CURT TRONSDAL
TELEPHONE NUMBER: 360-445-5433 ADDRESS: P O BOX 648
CONWAY WA 98238

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: OCTOBER 15, 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $9,503.74

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

Scott Mark
Claimant
DAHLMAN PUMP & WELL DRILLING INC
Print or Type Name
P O BOX 422
Address
BURLINGTON WA 98233

360-757-6666
Telephone Number

STATE OF WASHINGTON }
County of Skagit } SS.

Scott J. Fowler, 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.

Date this 15 th day of November, 1999.

Linda S. Hill
Print Name Linda S Hill
Notary Public in and for the State of Washington
My appointment expires: 10/01/02

LINDA S. HILL NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES OCT. 01, 2002

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.