

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): NE $\frac{1}{4}$ NE $\frac{1}{4}$ 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
NE $\frac{1}{4}$ NE $\frac{1}{4}$ 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



Claim of Lien

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

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 :

Claimant
DAHLMAN PUMP & WELL DRILLING INC

Print or Type Name

P O BOX 422

Address
BURLINGTON WA 98233

Telephone Number
360-757-6666

STATE OF WASHINGTON

SS.

County of Skagit

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.

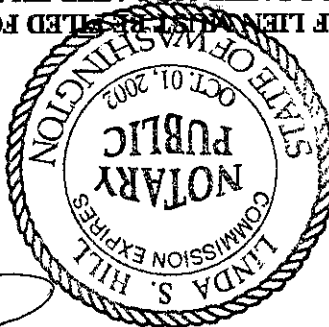
Date this 15th day of November, 1999

Print Name

Linda S Hill

Notary Public in and for the State of Washington

My appointment expires: 10/31/02



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.



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