



Return Address:

Kiefer General Contractors, Inc. c/o Alfred J. Kiefer Jr.
1986 Yew St. Rd.
Bellingham Wa. 98226-8909

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) Kelcie Sheriff (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Kiefer Gen. Cont. Inc. (2) Alfred J. Kiefer Jr. Add'l. on pg _____

Legal Description (abbreviated): Sec 21, Trwp 36, Rng 04, Plat Parson Creek Accs, Lot I Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # 4687-000-009-0000 / #P110936

Kiefer General Contractors Inc
Alfred J. Kiefer Jr. Claimant
 vs.
Kelcie Sheriff
 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: Kiefer General Contractors
 TELEPHONE NUMBER: 360-671-6723 ADDRESS: 1986 Yew St. Rd.
Bellingham, Wa. 98226-8909
- 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 22 1999
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Kelcie Sheriff
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
3419 Woodcrest Lane, Sedro-Woolley Wa. 98284
Sec 21, Trwp 36, Rng 04, Plat Parson Creek Accs, Lot I
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Kelcie Sheriff
 TELEPHONE NUMBER: 360 524 5400 ADDRESS: 3419 Woodcrest Lane
Sedro-Woolley Wa. 98284
- 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 22 1999



11/29/1999 Page 2 of 2 2:01:04PM
 Kathy Hill, Skagit County Auditor
 199911290102



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



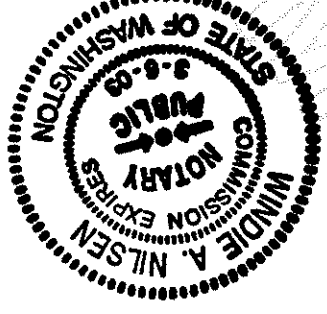
NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

My appointment expires: 3-6-2003
 Notary Public in and for the State of WA
 Print Name DANIELA A. NILSEN

Signed and sworn to before me on this 29th day of November, 1999

Alfred J. Kiefer Jr.
 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.

STATE OF WASHINGTON
 County of Whatcom
 ss. }



Claimant Kiefer General Contractors, Inc.
 Print or Type Name Alfred J. Kiefer Jr.
 Address Bellingham Wa. 98226-8909
 Telephone Number 360-671-6223

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: Thirty-two Thousand (\$32,000.00)
 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: