

199912010082
Kathy Hill, Skagit County Auditor
12/1/1999 Page 1 of 2 2:33:48PM

Return Address:

MT. BAKER ROOFING, INC.

5459 Hannegan Rd.

Bellingham, WA 98226

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) Mt. Baker Roofing Inc. (2) _____ Add'l. on pg _____

Legal Description (abbreviated): Lot #3 Shamrock Place Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 4914-000-003-0000 Parcel # P112947

Mt Baker Roofing Inc. Claimant

Shelter Cove Construction vs.
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: Mt Baker Roofing Inc
TELEPHONE NUMBER: 360-398-2135 ADDRESS: 5459 Hannegan Rd.
Bellingham, Wa 98226
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: August 24 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Shelter Cove Construction
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 #3
Shamrock Place
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Shelter Cove Const.
TELEPHONE NUMBER: 425-260-3055 ADDRESS: 14007 NE 181st
Woodinville, wa 98072
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: September 17 1999



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.



Date this 17 day of December 1999
Print Name Kathleen Harris
Notary Public in and for the State of Washington
My appointment expires: 12-2-2000

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.

Diana Johnson
County of Whatcom

SS. }

STATE OF WASHINGTON

Claimant MTBair Roofing Inc
Print of Type Name Diana L Johnson
Address 5459 Hannegan Rd
Bellingham WA 98226
Telephone Number 360-398-2135

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 6,683.60 plus interest
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____