



199912070008

Kathy Hill, Skagit County Auditor

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AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.  
P. O. BOX 449  
EVERETT, WA 98206

CLAIM OF LIEN

OSO LUMBER, INC. )  
Claimant. )  
VS )  
SHELTER COVE CONSTRUCTION )  
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: OSO LUMBER, INC.  
TELEPHONE NUMBER: (360) 435-8397  
ADDRESS: 21015 S.R. 9 N.E., ARLINGTON, WA 98223
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: SEPTEMBER 7, 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SHELTER COVE CONST., 14007 NE 181ST #A-204, WOODINVILLE, WA 98072
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 20399 CHRISTIE PL., BURLINGTON, WASHINGTON  
LEGAL DESCRIPTION: LOT 3, SHAMROCK PLACE, ACCORDING TO THE PLAT RECORDED IN VOLUME 17 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P112947.
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): SHELTER COVE CONSTRUCTION, INC., 14007 NE 181ST ST. #A-204, 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: OCTOBER 22, 1999
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$6,157.04, PLUS \$200.00 LIEN FEES, (TOTAL \$6,357.04), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

*Cathy Phillips*  
\_\_\_\_\_  
For OSO LUMBER, INC., Claimant  
21015 S.R. 9 N.E.  
ARLINGTON, WA 98223  
(360) 435-8397  
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

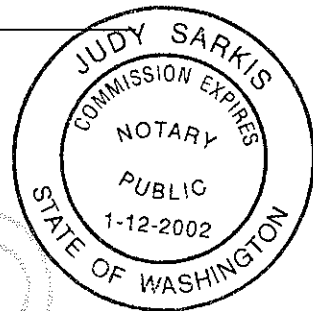
CATHY PHILLIPS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

*Cathy Phillips*

On this day personally appeared before me, CATHY PHILLIPS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 30 day of November, 1999.

*Judy Sarkis*  
PRINTED NAME: JUDY SARKIS  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: STANWOOD.  
My commission expires: 1-12-2002



order #111151, dated: 11-24-99



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