



199912070010

Kathy Hill, Skagit County Auditor
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Return Address:

James B. Scott & Associates, Inc
3601 West 5th Street
Anacortes, WA 98221

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) <u>Lance Tracey</u>	(2) <u>Shelagh Tracey</u>	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>James B. Scott</u>	(2) _____	Add'l. on pg _____
Legal Description (abbreviated): <u>3.35 Ac in NW, NW, Sec 15 & Gov Lot 1 in Sec 16</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>340215-0-003-0016</u>		

James B. Scott
 Claimant
 vs.
Lance Tracey
 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: James B. Scott
 TELEPHONE NUMBER: 360-293-6044 ADDRESS: 3601 West 5th St
ANACORTES, WA 98221
- 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: 6/25/98
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Lance Tracey
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Property ID: P20345
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Lance Tracey
 TELEPHONE NUMBER: 604-986-5636 ADDRESS: 978 Seymour Blvd.
N. Vancouver, B.C. V7J 2S 8
- 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: 10/16/99



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,351.11

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

Claimant James B. Scott
 Print or Type Name James B. Scott
 Address 2601 West 5th Street
ANACORTES, WA 98221
 Telephone Number 360-293-6049

STATE OF WASHINGTON
 County of Skagit
 being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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 6th day of November, 1999.

Print Name Diana Jordan New
 Notary Public in and for the State of Washington
 My appointment expires: 8/11/02

DIANA JORDAN NEW
 STATE OF WASHINGTON
 NOTARY --- PUBLIC
 MY COMMISSION EXPIRES 8-11-02

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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