Return Add BRIA 708 SEDA			Kathy Hill, Skag	it County Auditor 1 of 2 11:46:06AM
CLAIN	A OF LIEN	LAND TIT	LE COMPANY OF SKAGIT COUNTY	
Indexing inform	ation required by the Washington State Auditor's/Record	er's Office, (RCW	36.18 and RCW 65.04) 1/97:	(please print last name first)
Grantor(s) (C Grantee(s) (C Legal Descri	(If applicable): Dwner): (1) R.J.M POLAND Claimants): (1) BRIAN T. PTONC uption (abbreviated): LOT 30. COUN	ONST ~ (2 TRY Chu	(2) <u>Awna M. Polan</u>)	D Add'l. on pg Add'l. on pg Add'l. legal is on page
Assessor's P	roperty Tax Parcel /Account # P6450	<u>65</u>		
	TIPTON CONSTRUCTION	<u> </u>) *
Rodin to	SLAND / ANNA M. BLANT		•	,
	Name of person indebted to Claim	nant /		• • • • • • • • • • • • • • • • • • •
		and the second second		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Notice In support	is hereby given that the person na t of this lien the following informa	med below tion is sub	claims a lien pursuan mitted:	t to chapter 60.04 RCW
1.	NAME OF LIEN CLAIMANT: <u>BRIAN</u> TELEPHONE NUMBER: 360-855-0 SEDRO-WOOLLEY, WA 98	2 <u>4 (</u>	CONSTRUCTION FERRY	N ST
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: NOVEMBER 4, 1999			
3.	NAME OF PERSON INDEBTED TO THE	CLAIMANT	R. Jim POLAND /AN	UNA M. POLAND
4.	DESCRIPTION OF THE PROPERTY AGA description or other information that wi 16456 FAIRWAY D BURLINGTON; WA	ll reasonably	H A LIEN IS CLAIMED (stre describe the property):	et address, legal
5.	NAME OF THE OWNER OR REPUTED TELEPHONE NUMBER: 360- BURLINGTON, WA 98	OWNER (If n	ot known state "unknown"): DDRESS: 16456 FALE	R.J. MÉANNA POLAND WAY DRIVE

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: NOVEMBY 2 17, 1999

6.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS	CLAIMED IS: # 2,307, 81
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS	Vcc
6. IF THE CEANMANT IS THE ASSIGNED OF THIS	0 - 0 -
	Buon uplan
	BRIAN TIPTON CONSTRUCTION
	Print or Type Name 108 FERRY STREAT
	Address SEDRO-WOOLLEY, WA 98284
	360-855-D411
	Telephone Number
STATE OF WASHINGTON	
ss.	
County of Kagur	
$\rho \cdot \rho \gamma $	e tage
nev of the claimant, or administrator, represent	, being sworn, says: I am the claimant (or attorative, 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 ous and is made with reasonable cause, and is not clearly excessive
under penalty of perjury.	ous and is made with reasonable cause, and is not clearly excessive
21	(h)
Signed and sworn to before me on this $\angle \mathcal{A} \mathcal{L}$	day of NC 1797
	Konon O hopen
•	Print Name Karan I Thorson
	Notary Public in and for the State of Wash
	My appointment expires: 3-1-0/

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.