

Return Address:
Esary Roofing & Siding Co Inc
420 Pease Rd
Burlington Wa 98233

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) City of Burlington (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Esary Roofing & Siding Co (2) _____ Add'l. on pg _____

Legal Description (abbreviated): 4573 Burlington Block 46 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P-71609

Esary Roofing & Siding Inc. }
Claimant
vs.
TBWP General Contractor }
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: Esary Roofing & Siding Co Inc
TELEPHONE NUMBER: 757-0933 ADDRESS: 420 Pease Rd
Burlington Wa 98233
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 28, 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TBWP General Contractor
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): P-71609
Burlington City Hall Building
900 E Fairhaven Ave Burlington Wa 98233
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): City/Burlington
TELEPHONE NUMBER: _____ ADDRESS: 900 E Fairhaven
Burlington WA 98233
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: November 18, 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$21,200.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes

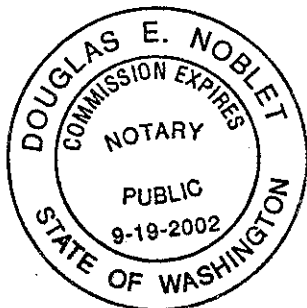
Esary Roofing & Siding Co Inc
Claimant
David J Esary
Print or Type Name
420 Pease Rd
Address
Burlington Wa 98233
(360) 757-0933
Telephone Number

STATE OF WASHINGTON

County of SKAGIT } SS.

DAVID J ESARY, 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.

Signed and sworn to before me on this 28th day of DECEMBER, 1999.



Print Name DOUGLAS E NOBLET

Notary Public in and for the State of WA.

My appointment expires: 9-19-2002

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.



Claim of Lien
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Kathy Hill, Skagit County Auditor

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