Return Address:

199912300088
Kathy Hill, Skagit County Auditor
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# 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) _____ (2) _____ Add'l. on pg ___

Legal Description (abbreviated): PTN Lots 12-13 Magnolia View to Smith Beach Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # 4003001-013-0002

Michael W Carter
Claimant

vs.

Christine Palmenberg
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: Michael W Carter
TELEPHONE NUMBER: 206 528 7420 ADDRESS: 10332 Midvale Ave N
Seattle WA 98133

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: Feb - 1998

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Christine Palmenberg

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 13631 Slice Street
Anacortes WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Christine Palmenberg
TELEPHONE NUMBER: unknown ADDRESS: 13631 Slice St.
Anacortes WA 98221

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: July 30 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 4,136.85

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

Michael W Carter
Claimant Michael W Carter

Print or Type Name

Address 10332 Midvale Ave N Seattle WA 98133

206 - 528 - 7420
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

Michael W Carter, 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.

Michael W Carter

Date this 30th day of December 1999

Judy Zavala

Print Name Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-01

**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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