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Kathy Hill, Skagit County Auditor
1/7/2000 Page 1 of 2 11:54:53AM

Return Address:
Greg Emery

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) to Similk Bank Add'l. on pg___

Legal Description (abbreviated): Portion of Lots 10-12 Muckenaview Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # 4003-001-013-0002 / P69308

GREGORY A EMERY
Claimant

vs.

CHRISTINE AN PALMENBORG
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: GREGORY A EMERY
TELEPHONE NUMBER: 425 339-0535 ADDRESS: 1015 Wetmore Ave Everett WA 98201

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: Oct 14 1999

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 An Palmenberg
TELEPHONE NUMBER: 360 293 8320 ADDRESS: 13631 Slice Street 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: Oct 4 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 2467.84

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

Greg Emeri
Claimant

Gregori A Emeri
Print or Type Name

1015 Wetmore Ave
Address

Everett WA 98201

425 339 5375
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit

Gregori A Emeri, 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.

Gregori A Emeri

Date this 7th day of January 2000.

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.