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Kathy Hill, Skagit County Auditor
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Return Address:

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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): INV #1722

Grantor(s) (Owner): (1) MCNEALEY, CASEY R (2) MCNEALEY, MARSHA J Add'l. on pg___

Grantee(s) (Claimants): (1) BARNETT'S CARPET CONNECTION Add'l. on pg___

Legal Description (abbreviated): BIRDSVIEW MEADOWS ~~LAND~~ LOT 1, ACRES 4.01 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # 4730·000·001·0000

BARNETT'S CARPET CONNECTION
Claimant
vs.
CONARD CONSTRUCTION
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: BARNETT'S CARPET CONNECTION
TELEPHONE NUMBER: 360·855·2900 ADDRESS: 131 STATE ST SEDRO WOOLLEY, WA 98284

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: 10/7/99

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CONARD CONSTRUCTION - #B0217

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 8205 BIRDSVIEW MEADOW LANE CONCRETE, WA 98237
BIRDSVIEW MEADOWS, LOT 1, ACRES 4.01

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): MCNEALEY, CASEY R
TELEPHONE NUMBER: _____ ADDRESS: 8205 BIRDSVIEW MEADOWS LANE
_____

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: 11/1/99

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $2742.43

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

Michael L Barnett
Claimant
BARNETT'S CARPET CONNECTION
Print or Type Name
MICHAEL L BARNETT
Address
131 STATE ST SEDRO WOOLLEY WA 98284
360-855-2900
Telephone Number

STATE OF WASHINGTON
County of Skagit } ss.

Michael L. Barnett, 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 5th day of January, 2000.

CAREN S. NESSET
STATE OF WASHINGTON
NOTARY ---o--- PUBLIC
MY COMMISSION EXPIRES 10-19-03

Caren Nesset
Print Name Caren S. Nesset
Notary Public in and for the State of Washington
My appointment expires: 10-19-2003

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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