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Kathy Hill, Skagit County Auditor
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Return Address:
Steve Bounds
30517 52nd Av NW
Stanwood, Wa 98292

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) Brandt-Rock Corp (2) Dr M Kenneth Elborn Add'l. on pg___

Grantee(s) (Claimants): (1) B & K Steel Bldg Const. (2) Steve Bounds Add'l. on pg___

Legal Description (abbreviated): Park Meadows, Lot 15, acres 0.18 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # 4666-000-015-0000 prop Id P108318

Steve Bounds DBA B & K Steel Bldg Const.
Claimant

vs.

Dr M. Kenneth Elborn DBA Brandt-Rock Corp
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: Steve Bounds
TELEPHONE NUMBER: 360 629 2797 ADDRESS: 30517 52nd Av NW Stanwood 98292

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 7, 1999

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Dr M Kenneth Elborn

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 3608 Seneca Dr Mt Vernon park meadows, lot 15

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Dr M Kenneth Elborn
TELEPHONE NUMBER: _____ ADDRESS: unknown

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: DEC 30 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $11,162.85

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

N/A Steve Bounds
Claimant

Print or Type Name Steve Bounds

Address 30517 52nd Dr NW Stanwood Wa 98292

360-629-2797
Telephone Number

STATE OF WASHINGTON }
} ss.
County of _____ }

Steve Bounds, 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.

Steven R. Bounds

Signed and sworn to before me on this 10th day of January, 2000.

Judy Y. Zavala

Print Name Judy Y. 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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