



200001210066

Kathy Hill, Skagit County Auditor

1/21/2000 Page 1 of 2 12:35:54PM

Return Address:

NORTHWEST SEPTIC, INC.

P.O. BOX 1341

MT. VERNON WA 98273

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): <u>Lot 3 Shamrock place</u> | | Add'l. legal is on page _____ |
| Assessor's Property Tax Parcel /Account # _____ | | |

NORTHWEST SEPTIC, INC.

Claimant

RON ENTRIKEN

vs.

SHELTER COVE 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:

- NAME OF LIEN CLAIMANT: NORTHWEST SEPTIC, INC.
TELEPHONE NUMBER: 360 757 6974 ADDRESS: P.O. BOX 1341/ 13709
RECTOR RD MT. VERNON WA 98273
- 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: OCTOBER 26, 1999
- NAME OF PERSON INDEBTED TO THE CLAIMANT: RON ENTRIKEN/SHELTER COVE CONSTRUCTION
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 20399 CHRISTIE PLACE
BURLINGTON WA 98233 / 4714-000-003-0000
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): *
TELEPHONE NUMBER: 425 483-1109 ADDRESS: 14007 N.E. 181ST A 204
WOODINVILLE WA 98072
* Shelter Cove Construction
- 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: OCTOBER 29, 1999



Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$4,718.95

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

[Signature] for NW Septic, Inc.

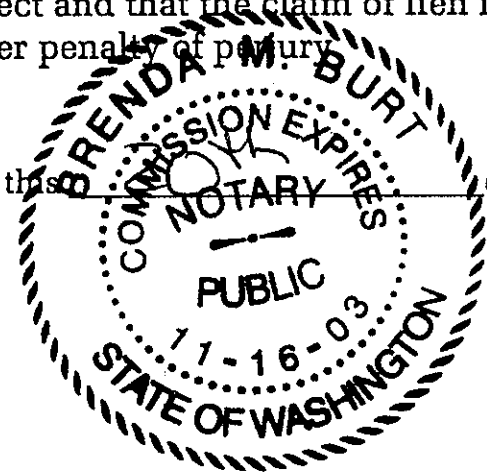
Claimant
David B. Mitchell for Northwest Septic, Inc.
Print or Type Name
P.O. BOX 1341
Address
Mt. Vernon Wa 98273
(360) 757-6974
Telephone Number

STATE OF WASHINGTON

County of Skagit }
David B. Mitchell } ss.

_____, 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.

Date this 17 day of January, 2000. *[Signature]* for NW Septic, Inc.



[Signature]
Print Name Brenda M. Burt
Notary Public in and for the State of Washington
My appointment expires: 11-16-03

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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