

Return Address:

Kern Funeral Home

1122 S. 3rd Street

MOunt Vernon, Washington 98273



200003020063

Kathy Hill, Skagit County Auditor

3/2/2000 Page 1 of 2 2:12:06PM

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):

Vivian G. Pederson

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Kern Funeral Home (2) LeRoy A. Anderson, Pres. Add'l. on pg _____

Legal Description (abbreviated): Lot 373 Block 2 Shelter Bay Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P84370

Kern Funeral Home

Claimant
vs.

Vivian G. Pederson

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: Kern Funeral Home/LeRoy A. Anderson, Pres.
TELEPHONE NUMBER: 360-336-2153 ADDRESS: 1122 S. 3rd St.
Mount Vernon, Wash. 98273
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: March 1, 1997
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Vivian G. Pederson
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 373 Ozette Pl.
La Conner, Washington 98257
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Vivian G. Pederson
TELEPHONE NUMBER: 360-466-2944 ADDRESS: 373 Ozette Pl. La Conner, Wa. 98257
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: December 30, 1996



Claim of Lien

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/96

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3,572.96 Inc. Int. to 3/1/2000 Plu. interest 12% annually
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Kern Funeral Home/Leroy A. Anderson, Pres

Claimant
Leroy A. Anderson, Pres./Kern Funeral Home
Print or Type Name
1122 S. 3rd Street
Address
Mount Vernon, Washington 98273
360-336-2153
Telephone Number

STATE OF WASHINGTON
County of Skagit
SS. Leroy A. Anderson

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.

Leroy A. Anderson
Date this 2nd day of March 2000

Print Name Constance L. LeSourd
Notary Public in and for the State of Washington
My appointment expires: 3/4/2003

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.

200003020063
Kathy Hill, Skagit County Auditor
3/2/2000 Page 2 of 2 2:12:06PM