

Return Address:

Prairie lane Association
4425 Prairie Lane
Sedro Woolley WA 98284



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Kathy Hill, Skagit County Auditor

4/28/2000 Page 1 of 2 3:18:31PM

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) <u>Gregg Campbell</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>Prairie lane Assoc.</u>	(2) _____	Add'l. on pg _____
Legal Description (abbreviated): <u>Lot #16 Prairie lane Meadows</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P50049</u>		

Prairie lane Association
Claimant
}
Gregg Campbell
Name of person indebted to Claimant
vs.

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:

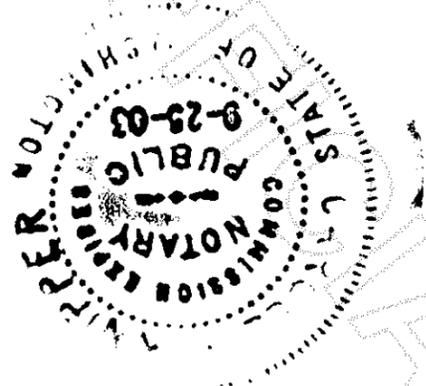
- NAME OF LIEN CLAIMANT: Prairie lane Association
TELEPHONE NUMBER: 856-5580 ADDRESS: 4425 Prairie Lane
Sedro Woolley wa 98284
- DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 1-1-00
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Gregg Campbell
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot #16 Prairie Lane Association Meadows, 4883 Prairie Lane
Sedro Woolley wa 98284
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Gregg Campbell
TELEPHONE NUMBER: _____ ADDRESS: 4883 Prairie Lane
Sedro Woolley wa 98284
- 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: 4-15-00



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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.



My appointment expires: 9/25/03

Notary Public in and for the State of WASHINGTON

Print Name ARBOLE A. KUIPPER

Carol A. Kuiper

Date this 28th day of April, 2000

Nancy Raymond

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.

STATE OF WASHINGTON
County of Skagit
Nancy Raymond
SS. }

Prairie Lane Association
Secretary Nancy Raymond
Claimant
Prairie Lane Association
Print or Type Name 4435 Prairie Lane
Address 5 Cedar 200 Alley 200A 98284
Telephone Number 856-5580

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 125.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: —