Return Address:

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Kathy Hill, Skagit County Auditor
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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): _____

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

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg___

Legal Description (abbreviated): RANCHO SAN JUAN DEL MAR SUB-DIV 9½ INT IN TR M 9 ALSO 2nd class TDL-NOS INFR LT 9 Add'l. legal is on page____

Assessor's Property Tax Parcel /Account # P68414

Floor Show Inc

Claimant

vs.

Doug & Lisa Ford

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: Floor Show Inc. TELEPHONE NUMBER (360) 293-4328 ADDRESS: 8612 S. March's Pt. Rd. Anacortes, Wa. 98221

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: 11-8-98

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Doug & Lisa Ford

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1168 A Laura Jo Lane Anacortes, Wa. 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Doug & Lisa Ford. TELEPHONE NUMBER (360) 293-7323 ADDRESS: 1168 A Laura Jo Lane Anacortes, WA. 98221

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: 4/20/00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 3,480.08

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

Floor Show INC.
Claimant
CANDACE FROST
Print or Type Name
8612 S. March's Pt. Rd.
Address
Anacortes, WA. 98221
(360) 293-4328
Telephone Number

STATE OF WASHINGTON }
} ss.
County of _____ }

Candace Frost, 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.

Candace Frost

Signed and sworn to before me on this 1st day of May 2000.

Judy M Zavala

Judy Zavala
Print Name

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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Kathy Hill, Skagit County Auditor
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