



200005110083

Kathy Hill, Skagit County Auditor

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Return Address:

MT Baker Roofing, Inc.
5459 Hannegan Rd
Bellingham, WA 98226

invoice# 3065

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) Traditional Homes Const (2) Daniel & Deborah Coffey Add'l. on pgGrantee(s) (Claimants): (1) MT Baker Roofing, Inc. Add'l. on pgLegal Description (abbreviated): Forest Hills PUD, Lot 12 Add'l. legal is on pageAssessor's Property Tax Parcel Account # P114077

MT Baker Roofing, Inc. } Claimant
Daniel & Deborah Coffey }
vs.
Traditional Homes Const. }
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: MT Baker Roofing, Inc.
TELEPHONE NUMBER: 360-348-2135 ADDRESS: 5459 Hannegan Rd.
Bellingham, WA 98226
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: February 11 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel & Deborah Coffey
Traditional Home Const.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 2303 42nd Place
Forest Hills PUD, Lot 12
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Daniel & Deborah Coffey
TELEPHONE NUMBER: 360-404-2011 ADDRESS: 160 Cascade Pl Ste 206 Bellingham, WA 98233
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: February 15 2000



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 4050.00 plus tax
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Mt Baker Roofing, Inc.
Claimant
Diana Johnson Vice President
Print or Type Name
5459 Henneged Rd
Address
Bellingham WA 98226
360-398-2135
Telephone Number

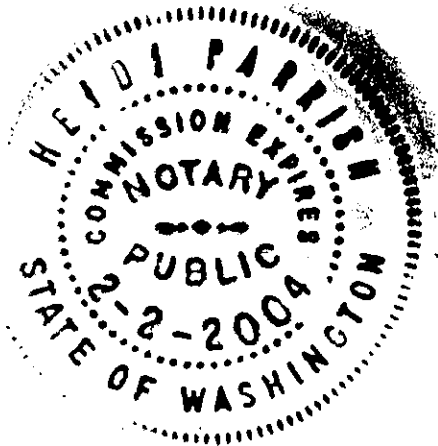
STATE OF WASHINGTON

County of Skagit }

SS.

Diana Johnson, 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.

Signed and sworn to before me on this 14th day of May, 2000.



Heidi Parrish
Print Name Heidi Parrish
Notary Public in and for the State of Washington
My appointment expires: 2-2-2004

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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