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Kathy Hill, Skagit County Auditor
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Return Address:

MT Baker Roofing, Inc
5454 Hannegan Rd
Bellingham, WA 98226

invoice# 3311

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 Home Const. (2) Daniel & Deborah Boffey Add'l. on pg

Grantee(s) (Claimant(s)): (1) MT Baker Roofing, Inc (2) Add'l. on pg

Legal Description (abbreviated): Wilda Mountain View Estates, Lot 5 Add'l. legal is on page

Assessor's Property Tax Parcel Account # P100762

MT Baker Roofing, Inc
Daniel & Deborah Boffey Claimant
Traditional Home Const. vs.
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: 360-398-2125 ADDRESS: 5454 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: March 30 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Traditional Home Const
Daniel & Deborah Boffey
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 16112 MT View Rd
Wilda Mountain View Estates, Lot 5, Acres 6.80
Daniel & Deborah Boffey
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Traditional Home Const
TELEPHONE NUMBER: 360-404-2011 ADDRESS: 16112 Mountain View Rd.
Mt Vernon, WA 98279
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: April 7 2000



Claim of Lien

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

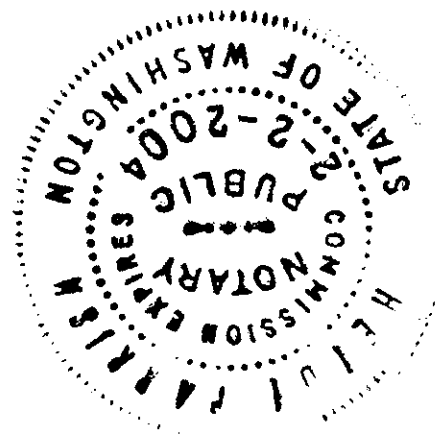
www.walegalblank.com



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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 BY LAW.



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

Signed and sworn to before me on this 11th day of May, 2000

_____, 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.

Diana C. Johnson

STATE OF WASHINGTON
County of Skagit
SS. }

Claimant MT Baker Logging Inc.
Print or Type Name 5459 Armstrong Rd
Address Bellview, WA 98246
Telephone Number 360-898-2135

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 2,416.00 plus interest
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____