200005110084
Kathy Hill, Skagit County Auditor
5/11/2000 Page 1 of 2 1:22:04PM

Return Address:
MT Baker Roofing, Inc
5459 Hankerson 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) (Claimants): (1) MT Baker Roofing, Inc (2) _____ Add'l. on pg___
Legal Description (abbreviated): Wilida 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
vs.
Traditional Home 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: 360-398-2105 ADDRESS: 5459 Hankerson 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
Wilida Mountain View Estates, Lot 5, Acres 1.80

Daniel + Deborah Boffey

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Traditional Const
TELEPHONE NUMBER: 360 424-2011 ADDRESS: 16112 Mountain View Rd.
Mt Vernon, WA 98274

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 4 2000

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 : _____

Mt Baker Roofing Inc.
Claimant
Diana L Johnson VP/Co President
Print or Type Name
5454 Hannegan Rd
Address
Bellingham, WA 98226
360-398-2135
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

Diana L 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.

Diana L Johnson

Signed and sworn to before me on this 11th 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

HEIDI PARRISH NOTARY PUBLIC STATE OF WASHINGTON COMMISSION 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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