



200005110086

Kathy Hill, Skagit County Auditor

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Return Address:

MT Baker Roofing, Inc.
5959 Hanneberg Rd.
Bellingham, WA 98226

Invoice# 3064

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 Boffay Add'l. on pg.

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

Legal Description (abbreviated): Cedar Ridge Estates Div 1 Lot 2 Add'l. legal is on page

Assessor's Property Tax Parcel/Account #: P105698

MT Baker Roofing Inc.
Daniel + Deborah Boffay 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: 360-398-2835 ADDRESS: 5959 Hanneberg 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 Boffay
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): Cedar Ridge
Estates Division 1 Lot 2
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Daniel Hanley
TELEPHONE NUMBER: Unknown ADDRESS: 6316 24th Ave NW
Seattle, WA 98107
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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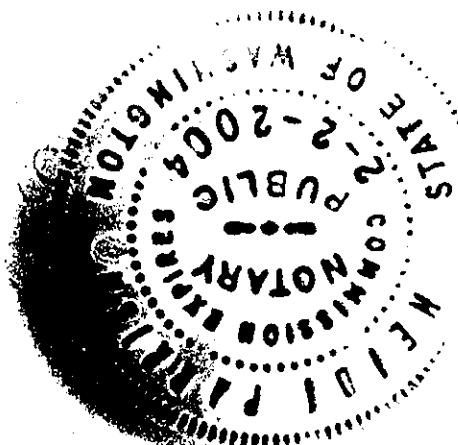
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Kathy Hill, Skagit County Auditor

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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.

STATE OF WASHINGTON
County of Skagit
SS. Diana L. Johnson, Vice Pres.

Claimant MT Baker Leasing, Inc.
Print or Type Name 5459 Hume Road
Address Bellevue, WA 98005
Telephone Number 360-848-2135

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$5300.00 plus interest
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :