Kathy Hill, Skagit County Auditor 2:23:53PM

1 of 2

6/5/2000 Page Return Address: Berentson Plumbing

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Indexing information required by the Washington State Auditor's/Recorder's O	ffice, (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):	Add'l. legal is on page	
Assessor's Property Tax Parcel /Account # P - 114	077	
Berentson Inc DRA Berentson Prum	ana	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Traditional Home Construction The vs.		· ·

and for Daniel and Debbre Roffey 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:

- NAME OF LIEN CLAIMANT: BETERTSON FILED TIC DBA BETERTSON Plumbing TELEPHONE NUMBER: 360 757-2707 ADDRESS: PO BOX 635 1. Bustinatur, WA 98233
- DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, 2. SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:
- Herne Construction to NAME OF PERSON INDEBTED TO THE CLAIMANT: and la Danel & Debbre Boffey 3.
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 2303 42vcl Pl.
- Traditional Home Construction In NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): TELEPHONE, NUMBER: 360 422 6805 ADDRESS: 16112 Mt View Rd Meint Vernin, war 98274
- 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: 6-03-00

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ss. County of Social S	Print or Type Name Po Ocx 635 Address Gurlington (wA 9 8233 360 757 - 2707 Telephone Number State Of Washington ss. County of the claimant, or administrator, representative, or agent of the trustees of an employee be named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not under penalty of perjury. Signed and sworn to before me on this Print Name Notary Public in and for the State of Notary Public in and for the State of	T IS THE ASSIGNEE OF THIS CLA	AIM SO STATE HERE :		
Print or Type Name Print Name Notary Public in and for the State of Print Name Notary Public in and for the State of	Print or Type Name Po Ocx 635 Address Burlington (wA 9 8233 360 757 - 2707 Telephone Number State of the claimant, or administrator, representative, or agent of the trustees of an employee be named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not under penalty of perjury. Signed and sworn to before me on this Print Name Notary Public in and for the State of 10.100		David E	Berontoo	
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Telephone Number State of Washington Ss. County of Kogit Ss. David & Borectson , 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 trusted to the same to be 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 trusted to the same to be trustees of the same	TEMPLE OF WASHINGTON SS. Solve 1300 Decide Bore 1300 SS. Decide Bore 1300		PO BOX 6		
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