



200006140153

Kathy Hill, Skagit County Auditor
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Return Address:

MT Baker Roofing, Inc
5459 Hannegan Rd
Bellingham, WA 98226
Invoice # 3632

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) <u>Traditional Homes</u> (2)	Add'l. on pg. _____	
Grantee(s) (Claimants): (1) <u>MT Baker Roofing, Inc</u> (2)	Add'l. on pg. _____	
Legal Description (abbreviated): <u>3708 W 12th St Anacortes Lot 26 Rock Ridge</u>	Add'l. legal is on page _____	
Assessor's Property Tax Parcel / Account # <u>P 114062</u>		

MT Baker Roofing, Inc
Claimant
Traditional Home Construction
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: 360-398-2135 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: June 6 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: 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): 3708 W. 12th Anacortes
Northern Pacific to Anacortes Lot 26 Survey of Rock Ridge Auditor
Site 98102030124 being a portion of Block 501318-132 and Block 1125-1125
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): David and Julie
TELEPHONE NUMBER: unknown ADDRESS: Unknown White
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: June 9 2000

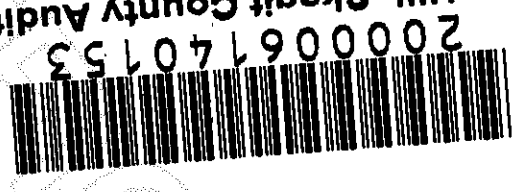


Claim of Lien
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

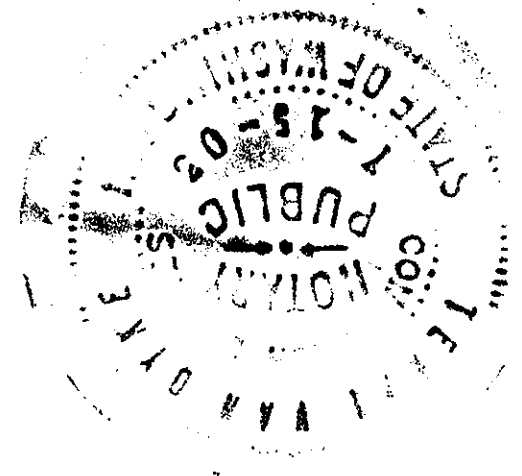
www.walegalblank.com



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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 TERESA VAN DYKE
Notary Public in and for the State of Washington
My appointment expires: 7-15-2003

Signed and sworn to before me on this 14 day of June, 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 L Johnson

STATE OF WASHINGTON }
County of Whatcom }
SS.

Claimant MT Baker Roofing Inc
Print or Type Name 54599 Hunequand Rd
Address Bellingham, WA 98226
Telephone Number 360-398-2135

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 3,680.00 plus interest
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____