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Kathy Hill, Skagit County Auditor

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Return Address:

VISITING NURSE PERSONAL SERVICES

600 Birchwood #100

Bellingham, WA 98225

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): 1133S

Grantor(s) (Owner): (1) May Skogmo (2) Add'l. on pg

Grantee(s) (Claimants): (1) VISITING NURSE PERSONAL SERVICES Add'l. on pg

Legal Description (abbreviated): 884 Shoshone Dr. Shelter Bay Add'l. legal is on page

Assessor's Property Tax Parcel /Account # P84881 Cross Reference #5100-005-884-0000

VISITING NURSE PERSONAL SERVICES

Claimant

vs.

MAY SKOGMO

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: VISITING NURSE PERSONAL SERVICES
TELEPHONE NUMBER: (360) 734-9662 ADDRESS: 600 Birchwood #100
Bellingham, WA 98225
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: April 10, 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MAY SKOGMO
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
description or other information that will reasonably describe the property):
884 Shoshone Dr. Shelter Bay LaConner, WA 98257
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): MAY SKOGMO
TELEPHONE NUMBER: 466-4472 ADDRESS: 884 Shoshone Dr.
La Conner, WA 98257
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: March 31, 2000



Claim of Lien

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$546.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES

VISITING NURSE PERSONAL SERVICES

Claimant

Print or Type Name

600 Birchwood #100

Address

Bellingham, WA 98225

(360) 734-9662

Telephone Number

STATE OF WASHINGTON

County of

WHATCOM

SS.

Chase LeCoe, 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.

Chase LeCoe

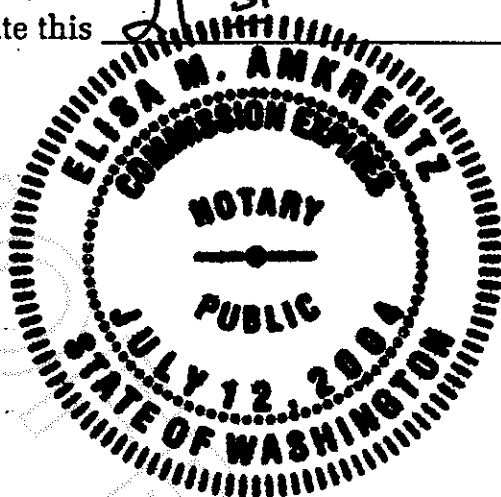
Date this

21st

day of

July

2000.



Print Name

ELISA AMKREUTZ

Notary Public in and for the State of

Washington

My appointment expires:

July 12, 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 TION TO ANY NOTICE REQUIREMENTS THAT MAY B



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