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Kathy Hill, Skagit County Auditor
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Return Address:
Majestic Land Mainteranace Co.
17886 Pamela St
Mt. Vernon, Wa 98274

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) Richard Nord, DBA Nord Northwest Corp (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) Majestic Land Maint. Co. (2) _____ Add'l. on pg___

Legal Description (abbreviated): Creekside Condominium, Lauld., Tract 87, Unit 1 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # 4740-087-001-0000

Majestic Land Mainteranace Co.
Claimant

vs.

Richard Nord, DBA Nord Northwest Corp.
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: Majestic Land Mainteranace Co
TELEPHONE NUMBER: 360-428-5753 ADDRESS: 17886 Pamela St Mt. Vernon, Wa 98274

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 1, 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Richard Nord, DBA Nord Northwest Corp.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1300 Maddox Creek Rd, A Mt. Vernon, Wa 98273, Creekside Condominium, Building Tract 87, Unit 1

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown") Richard Nord, DBA Nord Northwest Corp.
TELEPHONE NUMBER: 360-445-4430 ADDRESS: P.O. Box 713 Conway, Wa 98238

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: 6-27-2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $163.69

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Majestic Land Maintenance Co
Claimant

Majestic Land Maintenance Co.
Print or Type Name

17886 Pamela St
Address

Mt. Vernon, Wa 98274

360- 428-5753
Telephone Number

STATE OF WASHINGTON }
} SS.
County of _____ }

Cindee C. Zastoupil, 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.

Cindee C Zastoupil

Signed and sworn to before me on this 26th day of July 2000.

Judy Zavala

Print Name Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-01

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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