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, Skagit County Auditor
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Return Address:

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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) Roger H. Mitchell (2) Kathryn S. Mitchell Add'l. on pg ___

Grantee(s) (Claimants): (1) Robert R Madison II (2) _____ Add'l. on pg ___

Legal Description (abbreviated): North 208.7 ft of the S. 1064.4 ft of the East 208.7 ft of the N.E 1/4 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P104533 360308-1-001-0403

Robert R Madison II
Claimant

vs.

Roger, H / Kathryn S. Mitchell
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: Robert R Madison II
TELEPHONE NUMBER: 360-650-1767 ADDRESS: 1112 High St, 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: 5/23/00

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Roger, H / Kathryn S. Mitchell

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1155 Chuckanut Ridge Dr Bow, WA 98232

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Roger H / Kathryn S. Mitchell
TELEPHONE NUMBER: 360-738-4998 ADDRESS: 1155 Chuckanut Ridge Dr, Bow, WA 98232
or 360-766-7914

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: 8/1/00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1400.20

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

Robert R Madison II
Claimant

1112 High St, Bellingham, Wa, 98225
Print or Type Name

Address

360-650-1767
Telephone Number

STATE OF WASHINGTON }
County of Skagit } SS.

Robert R Madison II, 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.

RR Madison II

Signed and sworn to before me on this 9 day of 6/2000, _____.

Judy Zavala

Print Name Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-01

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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