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Skagit County Auditor

9/6/2000 Page 1 of 2 12:08:56PM

Return Address:

BRIAN TIPTON CONSTRUCTION
708 FERRY ST.
SEDRO WOOLLEY, WA 98284

CLAIM OF LIEN

LAND TITLE COMPANY OF SKAGIT COUNTY

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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) DAN McCAULEY	(2)	Add'l. on pg
Grantee(s) (Claimants): (1) BRIAN TIPTON	(2) DBA BRIAN TIPTON CONST	Add'l. on pg
Legal Description (abbreviated): LOTS 2 & 3, BLK 2, SHEA'S ADDT TO TOWN		
Assessor's Property Tax Parcel / Account # SELYMAN, SKAGIT COUNTY P74570		

BRIAN TIPTON, DBA
BRIAN TIPTON CONSTRUCTION } Claimant
vs.
DAN McCAULEY }
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:

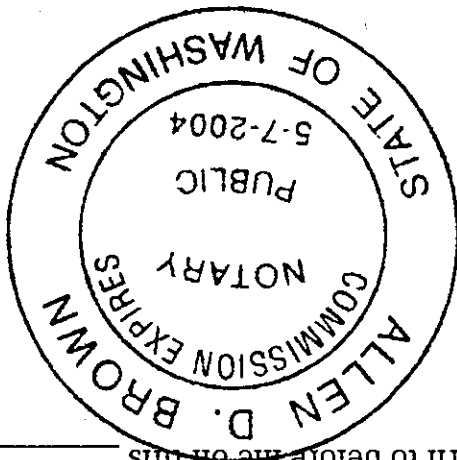
1. NAME OF LIEN CLAIMANT: BRIAN TIPTON, DBA BRIAN TIPTON CONST.
TELEPHONE NUMBER: 360 855 0411 ADDRESS: 708 FERRY ST., SEDRO WOOLLEY, WA 98284
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: MAY 24, 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: DAN McCAULEY
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
31099 W. MAIN ST.
SEDRO WOOLLEY WA 98284
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DAN McCAULEY
TELEPHONE NUMBER: ADDRESS: UNKNOWN
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 10, 2000





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 Allen D. Brown
Notary Public in and for the State of Washington
My appointment expires: 5-7-2004



Signed and sworn to before me on this 157 day of September, 2000

Bryan L. Tip Ten, 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.

County of Skagit
SS. }

STATE OF WASHINGTON

Claimant Bryan L. Tip Ten
Print or Type Name Bryan L. Tip Ten
Address 108 Ferry St.
Sedro Woolley, WA 98284
Telephone Number 360 8550411

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 936.70
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES